Introduction to the Master Plan

Background

The Governor's Council on Alcoholism and Drug Abuse was established by the New Jersey Legislature in 1989 as an independent body to coordinate, plan, research and review all aspects of alcohol and drug abuse prevention activities of state government, as well as maintain a statewide prevention network of Municipal Alliances. The Council is comprised of 26 members: 10 public members are appointed by the governor; the senate president and assembly speaker each appoint two public members, and 12 ex-officio members represent state departments and agencies.

The Governor's Council on Alcoholism and Drug Abuse adopted its mission statement, vision and goals following a collaborative process involving a varied and diverse group of stakeholders with interest in substance abuse prevention, education, intervention, treatment and recovery. These guiding principles have formed the foundation for the ongoing development and implementation of a comprehensive planning process to address alcoholism and drug abuse in New Jersey.

The Interdepartmental Advisory Panel, which coordinates the Council's state department representation, developed the format used in the State Government Component of the Master Plan. Their efforts made the collection of this comprehensive information possible.

The Council wishes to express its appreciation to Governor Jon Corzine for his administration's support and participation in the activities of the Council and the Municipal Alliances and its overall interest in the critical issues of alcoholism and drug abuse. The Council's association with the governor's office is an invaluable asset in the development and implementation of a comprehensive statewide master plan for alcoholism and drug abuse education, prevention, intervention, treatment and recovery.

Purpose of the Master Plan

The Governor's Council on Alcoholism and Drug Abuse was established by Chapter 51 of the Laws of 1989. The legislation set forth two primary objectives for the Council; the establishment and maintenance of a statewide network of community coalitions, the Alliance to Prevent Alcoholism and Drug Abuse, and the development of a Comprehensive Statewide Alcoholism and Drug Abuse Master Plan.

The law states that the Council shall "adopt and submit to the Governor and the Legislature a Comprehensive Statewide Alcoholism and Drug Abuse Master Plan incorporating and unifying all State, county, local and private alcohol and drug abuse initiatives." Public Law 1989, Chapter 51 also states, "The Council shall take into consideration all matters affecting

alcoholism, intoxication, alcohol abuse, drug addiction and drug abuse and shall formulate comprehensive policies for the prevention and control of alcoholism and drug abuse in order to unify in a comprehensive program all efforts." The legislation also mandates that the "Council shall review and make recommendations with regard to the revision of existing statutes relating to alcoholism and drug program and policies."

This Master Plan is the continued evolution of an effort that began several years ago when the Council developed a strategic planning process. The current approach by the Council is a Master Plan that not only looks at the current status of alcoholism, intoxication, alcohol abuse, drug addiction and drug abuse efforts in New Jersey, but sets forth objectives and strategies for the future.

The 2007 Master Plan came from the vigorous efforts of the Council's Planning Committee, the Criminal/Juvenile Justice, Legislative and Treatment Subcommittees, as well as the Alliance/Prevention Committee. It has been reviewed and adopted by the members of the Governor's Council on Alcoholism and Drug Abuse.

Organization of the Master Plan

The Master Plan has seven sections: (I) Introduction; (II) Council Organization and Structure; (III) Statement of Need; (IV) GCADA 2008 Objectives and Strategies; (V) County and Municipal Alliance Summaries; (VI) State Government Component; (VII) Appendices.

Acknowledgements

The development and production of the Master Plan was accomplished with the generous assistance and diligent effort of many individuals, committees, state departments, agencies and organizations. The Governor's Council on Alcoholism and Drug Abuse wishes to acknowledge the following Council leaders who give their time and energy to the work of the Council's Committees:

Anthony Bucco, Chair, GCADA Planning Committee
Harry Morey, Chair, GCADA Alliance Committee
Wayne Hedgepeth, Co-Chair, Criminal/Juvenile Justice Subcommittee
Carol Venditto, Co-Chair, Criminal/Juvenile Justice Subcommittee
Kay McGrath, Chair, Legislative Subcommittee
Dr. Alan Blasucci, Co-Chair, Treatment Subcommittee
Skip Guadagnino, Co-Chair, Treatment Subcommittee
Neil Van Ess, Chair, Veterans and Military Families Ad Hoc Committee

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

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Barbara Schlicting, Somerset Treatment Services
Ann Wanamaker, NJDHS, Division of Addiction Services
James Wallace, Monmouth County Alliance

NEEDS STATEMENT

The Governor's Council on Alcoholism and Drug Abuse wishes to acknowledge its appreciation to the Division of Addiction Services for consenting to the use of the State Epidemiological Profile (Epi Profile) in this year's Comprehensive Statewide Master Plan. The Epidemiological Profile is the product of the work done by the Epidemiological Outcome Workgroup (SEOW) which was created in March 2006. The State Epidemiological Profile was presented to the Council for use in the Master Plan on November 16, 2007.

The mission of the SEOW is to collect and organize multiple sources of data to guide relevant and effective alcohol and other drug use prevention strategies and inform policy decision making by determining prevalence and patterns of problems and the factors that contribute to them. The SEOW operates under the auspices of the Strategic Prevention Framework State Incentive Grant awarded to the Division of Addiction Services. The contents of this document focus on related mortality, morbidity, crime, consumption, and education, as well as the general risks related to alcohol and other drugs.

The information is organized by substance, construct, indicator, and by consequence or consumption as defined in the document. Criteria for inclusion used in finalizing the selection of the data sources include availability of data, validity of data, periodic collection, consistency, sensitivity, and relationship to substance use.

The SEOW membership includes the following:

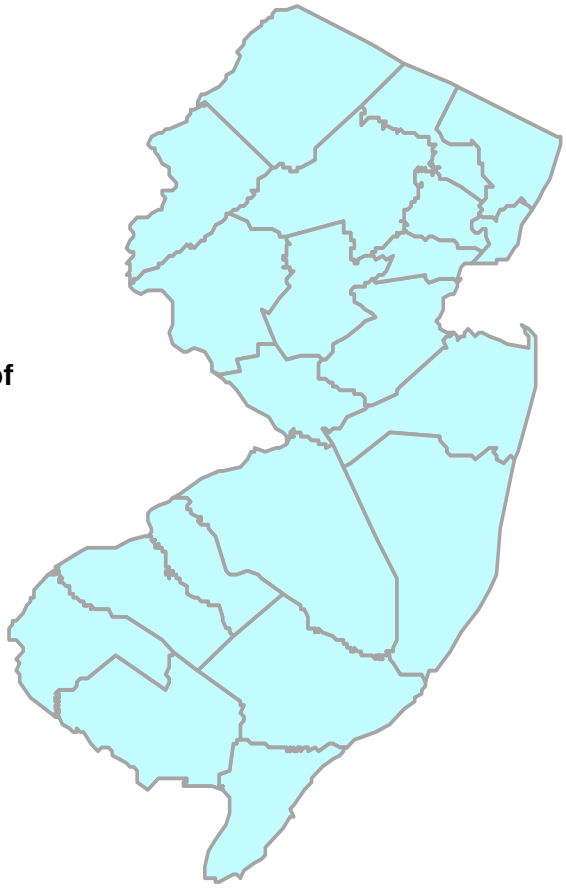
Division of Addiction Services, Department of Human Service –Lead Agency
Governor's Council on Alcoholism and Drug Abuse
Department of Education
Department of Health and Senior Services
Division of Highway Traffic Safety
New Jersey State Police
Juvenile Justice Commission
Rutgers University
Rowan University
Drug Enforcement Administration
Childhood Drinking Coalition
County Alcoholism and Drug Abuse Directors Association
New Jersey Prevention Network
Northeast Center for Applied Prevention Technologies
Princeton House Behavioral

The Governor's Council on Alcoholism and Drug Abuse recognizes that the State Epidemiological Profile is the most comprehensive and thorough examination of data relating to alcohol and drug abuse ever produced in New Jersey.

New Jersey State Epidemiology Profile for Substance Abuse

Strategic Prevention Framework – State Incentive Grant (SPF-SIG)

Jon S. Corzine
Governor



New Jersey Department of Human Services
Jennifer Velez
Commissioner

New Jersey Department of Human Services
Division of Addiction Services
Raquel Mazon Jeffers
Director

Prepared by:

The New Jersey State Epi-Profile Workgroup

2007

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Acknowledgements

New Jersey gratefully acknowledges the ongoing contributions of the dedicated members of its State Epidemiological Outcomes Work Group (SEOW). The SEOW is comprised of staff from various state and county level departments, and statewide provider agencies and organizations.

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In addition, we acknowledge that the development of this Epi-Profile was the result of the concentrated work efforts of the New Jersey State Epi-Profile Workgroup, a sub-committee of the SEOW. The Division of Addiction Services extends its gratitude to the members of this Workgroup for all their time put forth on a weekly basis.

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The Epi-Profile Workgroup extends its gratitude to Yohannes Hailu, Ph.D. who was responsible for preparing most of the tables in the Appendixes. Thanks are also extended to the Office of Research, Planning and Evaluation, Division of Addiction Services for its additional assistance with completing this document.

This report was written by Alysa Fornarotto-Regenye, MSW, LCADC, Division of Addiction Services, and Suzanne Borys, Ed.D., Division of Addiction Services.

Addendum

This profile was originally prepared in April 2007 and revised in November 2007. Thanks are extended to Gary Barrett, Division of Addiction Services, and Sherry Dolan, Division of Addiction Services, who worked on this revision. The ***New Jersey State Epidemiology Profile for Substance Abuse*** will be updated on an annual basis.

December 6, 2007

Executive Summary

State Epidemiological Profile

The New Jersey State Epidemiological Outcomes Workgroup (SEOW) was charged with collecting and analyzing epidemiological data to assess the magnitude of substance use-related consequences and substance use patterns related to these consequences. The aim is to profile population needs, resources, and readiness to address the problems and gaps in service delivery. The purpose of the profile should serve to:

- Support the Strategic Prevention Framework State Incentive Grant (SPF-SIG) implementation by New Jersey Department of Human Services (NJDHS), Division of Addiction Services (DAS) provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA);
- Help in the selection of prevention priorities, by highlighting consumption patterns problem outcomes;
- Establish recommendations for resource allocation based on needs assessment data;
- Identify data gaps and establish recommendation to include methods of addressing these gaps; and
- Establish a baseline for ongoing data monitoring efforts.

Data Reviewed:

The contents of this document focus on constructs which include mortality, morbidity, crime, consumption, and education, and indicators including general risks relating to each construct, Alcohol and Other Drug (AOD) related fatal car crashes, AOD attributable deaths, homicide deaths, chronic liver disease, HIV/AIDS, pedestrian fatalities, child abuse and neglect, treatment episodes, treatment admissions, Driving Under the Influence (DUI) offenders, AOD dependence, arrests under the age of 18, on campus college arrests, liquor law violations, DUI arrests, possession of drugs, use of AOD by 12 years and up, use of AOD by middle school students, use of AOD by college students, binge drinking by college students, ATOD early use/age of onset, current tobacco use by middle school students, current use of ATOD by high school students, current tobacco use by high school students, ATOD lifetime use by high school students, and general risk taking behaviors among youth.

In addition, many other indicators were identified, for which data was unattainable, mostly due to lack of data collection, lack of accessibility to the public or lack of appropriate technological data tracking systems. Data gaps have been identified, which the SEOW and SPF SIG Advisory Council will be responsible for in terms of developing

formal recommendations to the Governor's Office. Formal recommendations will include but not be limited to recommendations for methods of improving data collection statewide to address these issues. Data gaps identified include: older adult risk factors, general older adult data, medical examiners data on AOD in homicide victims; secondary cause of death via alcohol, pedestrian fatalities and non-fatalities by age and substance, AOD related child abuse and neglect, DWI convictions, ABC citations/fines, wholesale and retail alcohol sales, AOD related industrial/residential accident, higher education referrals, AOD attributable domestic violence cases, hepatitis-drug related communicability of hepatitis, investigated unattended deaths-AOD related, AOD related crash data (non-fatal), AOD related ambulatory care, ER visits, higher education all cause referrals, current use of ATOD by high school students, sales of ethanol, prescription usage patterns (misuse/abuse), general education referrals to school substance awareness coordinators, general education referrals to treatment, and high school drop out rate.

Although the Epi-Profile Workgroup will continue its research on various sub-populations across the lifespan, special attention is being given to the older adult population due to the Epi-Profile Workgroup's many conversations and concerns. These have focused on the overwhelming lack of data relating to substance use, which needs to be collected in order for New Jersey to address the growing issues and concerns of this ever increasing population across the state.

Data are organized by substance, construct, indicator, and by consequence or consumption. Definitions are included within the document. Criteria for inclusion used in finalizing the selection of the data sources for this process include: availability of data, validity of data, periodic collection over the past three to five years, consistency, sensitivity, data no older than 10 years, and relationship to substance use.

The New Jersey Epi-Profile Workgroup will continue its efforts in addressing dimensions of the data in order to better define the magnitude of problems here in New Jersey. A major focus will be to identify data trends to provide a more thorough comparison to national figures and for comparison with local municipal and county data. The identification of the severity of problems by consequences and consumption will also be continued. The most challenging tasks the SEOW will have are deciding what problems have potential for changeability, and defining economic cost.

Additional tasks the SEOW will be focusing on in the immediate future include, but are not limited to, the following: identification of New Jersey's priority problems based on the epidemiological analyses; identification of target communities to implement the Strategic Prevention Framework; assessment of risk and protective factors in the communities associated with substance abuse in New Jersey; assessment of community assets and resources; identification and recommendation of gaps in services and capacity; assessment of readiness to act and specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured.

1 Introduction and Background

Role of the State Epidemiological Outcomes Work Group

The mission of the New Jersey State Epidemiological Outcome Workgroup (SEOW) is to collect and organize multiple sources of data to guide relevant and effective prevention strategies and inform policy decision making by first understanding the prevalence and patterns of problems and the factors that contribute to them.

The New Jersey SEOW was created in March 2006 in response to an award granted by the Center for Substance Abuse Prevention. The group has remained active throughout the life of the grant. In October 2006 New Jersey was awarded the Strategic Prevention Framework-State Incentive Grant (SPF-SIG). The SEOW will continue to provide support and guidance to this latest grant. The goals and objectives for the SEOW include:

Goal 1: Creation of a State Epidemiological Profile

Objective 1- Collect and organize multiple sources of data- Identify source data.
Objective 2 - Summarize consumption patterns and consequences of substance use in New Jersey
Objective 3 - Highlight indicators used to identify consequences
Objective 4 - Write draft Epidemiological Profile
Objective 5 - Write final Epidemiological Profile.

Goal 2: Submission of data used for Epidemiological Profile

Objective 1 - Collect copies of, or references to, sources used to generate all data values in the Epidemiological Profile.
Objective 2 - Collect copies of, or references to, sources used for methodologies, codebooks and programs used to develop Epidemiological Profile.

Goal 3: Development of Work Plan and Goal Statement

Objective 1 - Develop a mission statement for the SEOW.
Objective 2 - Develop SEOW principles, functions and organization.
Objective 3 - Develop specific goals and objectives: guide relevant and effective prevention strategies; inform policy decision making by first understanding the prevalence and patterns of problems and the factors that contribute to them; infuse data into state decision making, provide ongoing recommendations to the Advisory Council, participate on Advisory Workgroups to ensure cross collaboration.
Objective 4 - Identify sources and forms of data that will be used.

Goal 4: Collection of National Outcome Measures data and Performance Measurement
Objective 1 - Decide methods to collect National Outcome Measures
Objective 2 - Incorporate methods with approved Substance Abuse and Mental Health Services Administration methodologies and data collection tools.

The SEOW has met nine times since the inception of the Strategic Prevention Framework State Incentive Grant and will continue to meet as other data sources are explored. The New Jersey SEOW meets monthly to discuss data, analysis, and profile production. The next meeting is always scheduled at the conclusion of the previous month's meeting. However, in order to meet the deliverable of developing an EPI Profile, the group has been meeting weekly.

Dr. Robert Pandina of the Center for Alcohol Studies at Rutgers University serves as the Chairperson of the New Jersey SEOW. However, all day-to-day operating concerns of the New Jersey SEOW are handled by the Division of Addiction Services, Office of Prevention and Training Services. Statistical and GIS support is provided by the Office of Research, Planning and Evaluation within DAS.

Both governmental and community agencies are represented on the New Jersey SEOW.

Member Organizations:

❖ Childhood Drinking Coalition ❖ County Alcohol and Drug Directors ❖ Division of Addiction Services, Department of Human Services (Lead Agency) ❖ Department of Education ❖ Department of Health and Senior Services ❖ Division of Highway Traffic Safety ❖ Drug Enforcement Administration	❖ Governor's Council on Alcoholism and Drug Abuse ❖ Juvenile Justice Commission ❖ New Jersey State Police ❖ New Jersey Prevention Network ❖ Northeast Center for Applied Prevention Technologies ❖ Princeton House Behavioral Health ❖ Rowan University ❖ Rutgers University

Initial Steps Taken

Process for Developing the Epi-Profile

Initially, New Jersey developed a matrix of data sources organized by National Outcome Measures (NOMS) for Prevention. In terms of the process and how New Jersey chose the data and what data were examined, the first question was asked about the varying differences among data sources and broken down into three categories: 1) ongoing surveillance of the past 30 days, 2) regularly scheduled assessments/surveys, and 3) periodic data collection. Also focused upon was the validity and reliability of the data

that was accessible and which data offered/revealed the most significant information on constructs such as mortality, morbidity or injury, consequence and consumption, and crime.

In terms of available **ongoing** surveillance (last 30 days), initially examined were data trends including: SEDS; UCR (maintained by the Federal Bureau of Investigation); NJ-SAMS; ER Visits, The Treatment Episode Data Set (**TEDS**) (data from treatment facilities), and the Drug Abuse Warning Network (**DAWN**) which collects data on two types of drug-related events - drug-related emergency department (ED) visits and illicit drug-related deaths investigated by medical examiners and coroners (ME/Cs). Also reviewed were all highway traffic safety data including DUI and IDRC data; the number of Division of Youth and Families Services (DYFS) AOD Caseloads; college UCR in New Jersey; seizure data with arrests; United States Customs Service and its system to retrieve information on drug evidence and other information on drug seizures, price, and purity from the DEA; and the Arrestee Drug Abuse Monitoring program, funded by the National Institute of Justice (NIJ).

Also examined were **regularly scheduled assessments/surveys** that take place in New Jersey for more local survey data such as, New Jersey 2005 Youth Risk Behavior Survey for Middle School Students; and New Jersey 2005 High School Youth Risk Behavior Survey. Also reviewed were national survey data such as Monitoring the Future. Despite not surveying in New Jersey, it was thought it would still be significant to review. In addition, the group had access to New Jersey college surveys implemented by the CORE Institute, as well as the 2005 National College Health Assessment Survey. The group also reviewed the National Household Survey on a national level, and data that are specific to New Jersey.

Lastly, the SEOW looked at **periodic** data that could provide a snapshot of information taken in time. Surveillance data that might be collected regularly or somewhat frequently but are part of a systematic routine was also considered. This category of data reviewed included New Jersey's Social Indicators Chart Book, which includes Municipal level Social and Health Indicators data from 2000.

The next step was organizing data sources by constructs: mortality, morbidity, crime, consumption and education, and by indicators. Identifying indicators and agreeing upon a final list was an ongoing process. Indicators that might have been initially listed were considered and then discarded and new ones might have been added later depending on new discoveries made during the research process. From there, criteria were identified for keeping or adding data sources, such as date published; data by substances (Alcohol, Tobacco, Illicit Drugs and Prescription Drugs); data by collection frequency (on-going, daily, monthly, quarterly, annually); by demographics (age, sex, race, other); and lastly by geographic coverage (municipal, county, state, national). All sections were scored, added up and then data sources were identified as primary or secondary based upon all initial criteria listed above and their final scores.

Once the Epi-Profile Workgroup agreed to the data sources, sub-workgroups were formed by constructs, that analyzed the data assigned to their construct and indicators. Yohannes Hailu, Ph.D. developed a chart which each workgroup would complete by construct/indicators and consequences/consumption with brief trend comments included on each chart. From this point forward, Dr. Hailu used the information provided to complete the many charts included at the end of this document.

Through this process, the Epi-Profile Workgroup was able to identify several data gaps, which will be presented to the SPF SIG Advisory Council, along with recommendations and strategies to address these data gaps in the future.

Prevalence of Substance Use/Abuse Problems

Annual data from the New Jersey Substance Abuse Monitoring Treatment System (NJ-SAMS) for 2006 indicated that there were 56,261 admissions into treatment programs. The most common primary drug was heroin and other opiates (40%), followed by alcohol (29%), marijuana (13%) and cocaine (11%). Regarding age, 6% were under 18 years, 19% were 18 to 24 years, 25% were 25 to 34 years and 52% were 35 or older. The majority of individuals admitted were male (68%). The most common race/ethnicity was non-Hispanic white (58%), followed by non-Hispanic black (25%) and Hispanic (14%).

Data from SAMHSA's "State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health (NSDUH)" indicated that in New Jersey a substantial portion of youth (ages 12 to 17) reported drinking alcohol (18.8%), binge drinking (10.5%), smoking cigarettes (11.2%), or using marijuana (6.5%). There was 5.7% of youth who reported alcohol dependence/abuse and 5.2% reporting illicit drug dependence/abuse. Rates of use, abuse, and dependence were higher for young adults (ages 18-25) than the other two age groups on every measure assessed. Data are presented in Table 1-1.

Table 1-1
Prevalence Rates of Substance Use, Dependence, and Abuse in New Jersey
2004-2005 National Surveys on Drug Use and Health State Estimates

Measure	% Youth (Aged 12-17)	% Young Adult (Aged 18-25)	% Adult (Aged 26 or Older)
Alcohol, past month use	18.8	62.4	58.1
Binge drinking, past month use*	10.5	42.2	19.7
Cigarettes, past month use	11.2	37.6	21.3
Illicit drugs, past month use	9.6	20.5	4.9
Marijuana, past month use	6.5	16.0	3.3
Illicit drug dependence or abuse	5.2	8.3	1.4
Alcohol dependence or abuse	5.7	15.5	5.3
Non-medical use of pain relievers	6.3	11.4	2.8

* Drinking 5 or more drinks in a row on at least 1 day in the past 30 days.

Source: SAMHSA State Estimates of Substance Use from the 2004 – 2005 National Surveys on Drug Use and Health

The New Jersey Division of Addiction Services (DAS) also conducts its own household survey every four years to assess the prevalence of legal and illegal substance use and identify the need and demand for substance abuse treatment. A stratified random sample of 14,660 households was selected and adults over the age of 17 years were interviewed by telephone. Consistent with the national survey data, the New Jersey DAS survey found that the use of substances was higher among the young adults (18-24 years of age) than among residents 25 years or older, except for past month alcohol use. Generally, the New Jersey proportions are similar to the national proportions except for the disclosure of past month illicit drug use and marijuana use where the national proportions are roughly twice those of the state. Results are presented in Table 1-2.

Table 1-2

Prevalence Rates of Substance Use, Dependence, and Abuse in New Jersey 2003 NJ Household Survey on Drug Use and Health

Measure	% Young Adult (Aged 18-24)	% Adult (Aged 25 or Older)
Alcohol, past month use	55.6	58.6
Heavy drinking, past month use*	12.5	5.2
Cigarettes, past month use	32.1	19.9
Illicit drugs, past month use	11.1	2.4
Marijuana, past month use	8.8	1.6
Illicit drug dependence or abuse	7.5	.8
Alcohol dependence or abuse	15.4	6.1
Non-medical use of pain relievers	13.6	8.6

Source: 2003 New Jersey Household Survey of Drug Use and Health

* Drinking 5 or more (4 or more for females) drinks in a 24-hour period at least once a week or on four or more days in the past month. New Jersey defined “binge drinking” as drinking two or more days straight without sobering up, which does not match the Federal definition.

The New Jersey Division of Addiction Services conducts a Middle School Survey every two years to assess the prevalence of legal and illegal substance use. Data are collected from 7th and 8th grade students regarding their use of multiple substances. From 1999 through 2003, the prevalence rates for past 30 day use of alcohol, cigarettes, marijuana and other illicit drugs has declined. For 2003, past 30 day use of alcohol was 14% compared to 16% for 2001 and 25% for 1999. Any illicit drug use was down to 5% in 2003 from 6 % in 2001 and 12% in 1999. Results are presented in Table 1-3.

Table 1-3

Prevalence Rates of Middle School Students' Substance Use in New Jersey
New Jersey Middle School Substance Use Survey Report

Measure	1999	2001	2003
Alcohol, past month use	24.6	16.0	13.8
Binge drinking, past month use	9.7	7.6	6.4
Cigarettes, past month use	12.5	7.2	4.8
Marijuana, past month use	6.6	2.9	2.4
Any illicit drug use, past month	11.5	6.3	4.5

Source: 2003 New Jersey Middle School Substance Use Survey Report, NJ Division of Addiction Services

The New Jersey Department of Education's (DOE) Youth Risk Behavior Survey (YRBS) surveyed New Jersey middle school students for the first time in 2005. DOE reported 17% for past 30 day alcohol use, 5% for past 30 day cigarette use and 4% for marijuana use in the past month. Results are presented in Table 1-4.

Table 1-4

Prevalence Rates of Middle School Students' Substance Use in New Jersey
2005 NJ Student Health Survey, Middle School

Measure	2005
Alcohol, past month use	17.1
Cigarettes, past month use	5.1
Marijuana, past month use	4.1

Source: New Jersey 2005 Student Health Survey, NJ Department of Education

The DOE also administers this survey to high school students bi-annually. The rates for 2005 are slightly higher than those for 2003; however, 2003 and 2005 prevalence rates are lower than those from 2001 for alcohol, cigarette and marijuana use. Only past 30 day cigarette use declined from 2003 to 2005 (21% and 20%, respectively). Results are displayed in Table 1-5.

Table 1-5

Prevalence Rates of Substance Use, Dependence, and Abuse in New Jersey
NJ Student Health Survey, High School

Measure	2001	2003	2005
Alcohol, past month use	56	45.1	46.5
Binge drinking, past month use	34	24	27
Cigarettes, past month use	29	21.2	19.8
Marijuana, past month use	41	19.1	19.9

Source: New Jersey Student Health Survey, 2005, NJ Department of Education

2 Data Processes

Data Sources

Data sets that collected information on alcohol, drug, and tobacco use and consequences of substance use were identified through group discussion by the Epi-Profile Workgroup. Data were collected from some national and many state level sources to examine consumption patterns and consequences of alcohol, tobacco, and drug use in New Jersey.

A list of sources identified is included in Table 2-1. The sources included surveys, compilations of state data, data found in agency reports and data from administrative data systems. In this phase of the Workgroup's data process, the focus was on the overall State as the unit of analysis. As work continues, the Workgroup will begin to examine the data at various subgroup levels, such as county, age group, gender, etc., to better refine its analysis.

This section will discuss the sources of the data and how the data were used.

Table 2-1

State Level Data Sets

Source	Data	Year
NJ Center for Health Statistics (NJCHS)	• Alcohol-related: mortality, suicide, homicide, death from unintentional injuries • Drug-related: mortality • Chronic liver disease and cirrhosis	2001-2003
NJDHSS	• HIV	2001-2005
Fatal Accidents Reporting System (FARS)	• Alcohol-related: motor vehicle fatalities, pedestrian fatalities	2001-2005
National Survey of Drug Use and Health (NSDUH)	• Alcohol dependence, alcohol use • Drug dependence, drug use • Non-medical use of prescription drugs, pain relievers	2001-2005
Treatment Episodes Data Set (TEDS)	• Admissions for alcohol treatment • Admissions for illicit drug use treatment	2001-2005
Division of Youth and Family Services (DYFS)	• Abuse/neglect involving prenatal substance abuse • Alcohol abuse referrals (child and parent) • Substance-exposed newborns	2002-2005
Uniform Crime Report (UCR)	• Alcohol attributable arrests, DUI arrests, liquor law violation arrests	2001-2005

	• Drug-related arrests, possession/use arrests, drug law violations	
Middle School Substance Use Survey (MSSUS)	• Alcohol consumption, binge drinking • Drug use	1999, 2001, 2003
NJ Youth Tobacco Survey (NJYTS)	• Tobacco use	1999, 2001, 2004
NJ College Survey of Norms (CORE)	• Alcohol consumption, binge drinking • Drug use	2002-2006
Intoxicated Driver Program (IDP)	• DUI offenders completing IDRC program • Number of alcohol-related MV offenses • Illicit drug use by IDP clients • Referral to treatment/self help	2002-2005
Youth Risk Behavior Survey(YRBS)/ NJSHS	• Alcohol use, binge drinking • Drug use	1995, 2001, 2005
Commissioner's Report on Violence, Vandalism and Substance Abuse (CRVV)	• School crime related to alcohol, substances • School crime related to substances	2002-2006

Identification and Selection of Criteria

Selecting indicators to describe the consequences of substance use and the consumption patterns associated with those consequences is a critically important aspect of the needs assessment process. The Epi-Profile Workgroup identified the various dimensions that might show the extent of a problem, including the size of the problem, its magnitude relative to other states' problems, the severity of the problem's impact on an individual and/or community, trend characteristics, attributable risk to substance abuse, and availability of data. In addition, the Epi-Profile Workgroup identified additional criteria that could impact efforts to address a problem, including capacity/resources, perceived gap between capacity/resources and need readiness (political will/public concern), economic impact, and social impact.

The selected criteria included the availability of data at the state level, the availability of data for the past 3-5 years, data that were readily available, validity of data, consistency of the data, sensitivity of the data, data no older than 10 years, its relationship to substance use, and finally, data sources not meeting requirements must be submitted with justification to the SEOW for approval.

Table 2-2
Data Criteria

Criteria	Definition
Availability of Data	The data should be readily available and accessible.
Validity of Data	The measure must meet basic criteria for validity.
Periodic collection over at least 3 to 5 past years	The measure should be available for the past 3 to 5 past years, preferably on an annual or at least biennial basis. This enables the State to determine not only the level of an indicator but also its trends.
Consistency	The measure must be consistent, i.e., the method or means of collecting and organizing data should be relatively unchanged over time.
Sensitivity	For monitoring, the measure must be sufficiently sensitive to detect change over time that might be associated with changes in alcohol, tobacco, or illicit drug use.
Data is no older than 10 years	Data cannot be older than 10 years, unless a survey that is deemed reliable by the SEOW.
Relationship to substance use	The extent to which an indicator was related to substance use (i.e., attributable risk).
Data sources not meeting requirements must be submitted with justification to the SEOW for approval.	

Dimensions of Data

The New Jersey Epi-Profile Workgroup continues to analyze available data, in order to better define the magnitude of the problem here in New Jersey; better identify trends – increases and decreases in use; provide a more thorough comparison not only to national figures but more importantly looking at the local municipal and county figures for comparisons; and to better identify the severity of problems by consequences and consumption.

Magnitude: New Jersey focused on "how big" the underlying problems are in terms of occurrence. New Jersey describes magnitude in terms of absolute numbers (total number

of cases) or relative numbers that adjust for the underlying population size (e.g., percentages, incidence rates, and prevalence rates).

- *Lifetime alcohol-related motor vehicle offenses:* Prevalence of lifetime use of marijuana, cocaine and heroin by IDP clients was more than double the levels reported by NJ Household Survey respondents.
- *Had 5 or more drinks in a row in the last two weeks/college students*: Though not the majority of college students, high risk or heavy drinking is a persistent and relatively large problem compared to other drug use. About 30% of students consume five or more drinks in a row on more than one occasion in a two week period.
- *Incidents of school crime-inhalants, narcotics, hallucinogens, cocaine, party drugs, amphetamines:* School-based incidents involving the possession/use of drugs other than marijuana and depressants have increased over the past four years.

Trends: New Jersey also focused on the extent to which a problem has increased or decreased. Examining time trends can help New Jersey detect any emerging or growing problems that may warrant increased attention.

Table 2-3
Data Trends

Indicator	Population	Population Increase/Decrease	Use Rates
Alcohol Use	12-17 years	⇧	⇧
Alcohol Use	18-25 years	⇧	⇧
Drug Dependence Treatment Admissions Illicit Drugs	12 + years	⇧	⇧
Drug Attributable Arrests / Adult Arrests	"At Risk" 18+ years	⇧	⇧

- While the 12 to 17 year-old population rose from 2000 to 2005, alcohol use rates per 100,000 population rose from 2000 to 2004 and appear to have exceeded the national rates.
- While the 18 to 25 year-old population rose from 2000 to 2005, alcohol use per 100,000 population rose by 6,110 from 2000 to 2003, but fell by 2,650 from 2003

to 2005, although still exceeding the national rates. A similar pattern applies to the 26 years-old and older population.

- *Drug dependence/admissions to treatment for illicit drug abuse by drug type*: While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 19 per 100,000 for users of other opiates.
- While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 13 per 100,000 for users of cocaine.
- While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 25 per 100,000 for users of marijuana.
- *Drug attributable arrests/adult arrests:* While "at risk" population rose from 2001 to 2005, adult arrest rates, roughly 500 per 100,000 higher than total arrest rates, also rose by 87 per 100,000, although not in a linear relationship.
- Overall possession/use arrests for opium or cocaine is on the rise while there is a decline for synthetic narcotic.

Relative Comparisons: Comparing individual State indicator estimates and trends to some standard reference population can provide additional information to assist New Jersey in data interpretation.

- *Alcohol consumption by 7th and 8th graders/total alcohol consumption by youth under 21 in New Jersey:* The New Jersey prevalence rates for 2001 and 2003 are below the national rate for 2002.
- *Alcohol consumption by high school students/total alcohol consumption and early use by youth under 21 in New Jersey*: Lifetime use of alcohol by high school students has remained unchanged over the ten-year period, failing to follow the national decline.
- For the 12 to 17 year-old population, the state rate per 100,000 rose initially by 1,340, then fluctuated, remaining below the national rates until 2004, and exceeding it in 2005.
- For the 18 to 25 population, the rate per 100,000 population exceeded the national rates in 2002, 2003 and 2005. Although fluctuating, the 25 yearr-old and older population grew from 2001 to 2005. The New Jersey rates grew by 450 per 100,000 population, while the national rates declined by 750.

Severity: Some consequences or consumption patterns across New Jersey are potentially more severe in nature and have greater impact on individuals and society than others.

- *Alcohol related mortality/alcohol as primary cause of death:* There were 73,410 deaths of New Jersey residents due to alcohol in 2003. The age-adjusted death rate was 791.7 per 100,000 population.

- *HIV and Hepatitis C diagnosis among hospital discharges/cumulative AIDS cases with tuberculosis:* A nearly two-fold increase in the rate per 100,000 of hospital discharges with dual HIV and Hepatitis C diagnoses.
- *Living with AIDS by gender/estimated number of females living with HIV/AIDS by exposure category*: Significant increase in the number of women with heterosexual exposure to HIV.
- *Living with AIDS by gender/estimated number of males living with HIV/AIDS by exposure category*: A nearly three-fold increase in the rate per 100,000 of men exposed to HIV through heterosexual contact

Data Organization

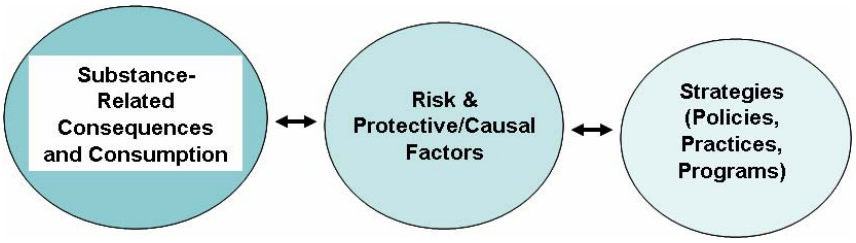
Data were first organized by ***Construct***: Mortality, Morbidity, Crime, Consumption and Other Risk; and within construct, by ***Substance*****:** Alcohol, Drug and Tobacco. Indicators were then selected for each of the constructs. Appendix B presents the indicators within each construct.

3 Consequences and Consumption

As noted in the *Developing State Epidemiological Profiles for Substance Abuse Prevention: Guidance for State Epidemiological Workgroups*:

> "Substance abuse prevention planning begins with a clear understanding of alcohol, tobacco and other drug use and their chief consequences. In such an outcome-based approach, understanding the nature and extent of substance use and related problems (consumption and consequences) is critical for determining prevention priorities and aligning relevant and effective strategies to address them."

The Center for Substance Abuse Prevention (CSAP) recommends that State epidemiological profiles predominantly focus on substance related consequences and consumption as the first step in developing an outcomes-based approach to prevention. The figure below illustrates the outcomes based prevention model proposed by CSAP.



Outcomes Based Prevention Model
Figure 3-1

The *Guidance for State Epidemiological Workgroups* provides the following definitions:

CONSEQUENCES: Substance related consequences are defined as adverse social, health, and safety consequences associated with alcohol, tobacco, or illicit drug use.

Consequences include mortality and morbidity and other undesired events for which alcohol, tobacco, and/or illicit drugs are clearly and consistently involved. Although a specific substance may not be the single cause of the consequence, scientific evidence must support a link to alcohol, tobacco, or illicit drugs as a contributing factor to the consequence.

CONSUMPTION: Consumption is defined as the use and high-risk use of alcohol, tobacco, and illicit drugs.

Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use.

Data were organized according to the schema suggested by CSAP and discussion of each area is provided below.

1. Alcohol

Consequences

Mortality

- *Alcohol related mortality/alcohol as primary cause of death:* There were 73,410 deaths of New Jersey residents in 2003. The age-adjusted death rate was 791.7 per 100,000 population.
- *Alcohol related mortality/alcohol as secondary cause of death-homicide:* New Jersey homicide rate was the 14th lowest in the nation in 2002. It increased sharply in 2003 to 4.9. The recent increase is concentrated among the 15-24 years-old and 25-34 years-old age group (11.8 and 10.8 /100,000 respectively)

Morbidity

- *Alcohol related morbidity/alcohol dependence 18-25 years*: New Jersey rates per 100,000 rose between 2001 and 2002 more sharply than the national rates, but fell from 2002 to 2004 while the national rates continued to rise.
- *Alcohol related morbidity/alcohol dependence 26 years and older:* New Jersey rates per 100,000 rose between 2001 and 2002 less sharply than the national rates, but fell from 2002 to 2004 more sharply than the national rates.
- *Alcohol related morbidity/treatment admissions by primary substance of abuse:* While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 62 although not as a linear relationship. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 17 among users of alcohol only although not as a linear relationship. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by eight for users of alcohol with secondary drug use. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 25 for all alcohol users although not as a linear relationship.
- *Alcohol related morbidity/intoxicated driving program (IDP) clients*: The most significant differences between IDP clients and the general population of New Jersey were: IDP clients were male, single, and worked full-time.
- *Lifetime alcohol-related motor vehicle offenses*: Prevalence of lifetime use of marijuana, cocaine and heroin by IDP clients was more than double the levels reported by NJ Household Survey respondents. Numbers of clients with first or second alcohol-related driving offenses attending IDRC classes rose from 2002 through 2005; however, the number of clients attending with three or more offenses declined slightly proportional to the numbers of New Jersey licensed

drivers. Female IDP clients had consistently higher reported lifetime marijuana, cocaine and heroin use than their male counterparts.

Crime

- *Alcohol attributable arrests/all arrests by age:* While the "at risk" population rose from 2001 to 2005, arrest rates per 100,000 also rose by 30/100,000 although not as a linear relationship. Also, in 2005, state arrest rates were lower than the national rate. While the "at risk" population rose from 2001 to 2005, adult arrest rates, roughly 500/100,000 higher than total arrest rates, also rose by 87/100,000 although not as a linear relationship. While the "at risk" population rose from 2001 to 2004, juvenile arrest rates per 100,000 declined by 210/100,000 from 2001 to 2005.
- *Alcohol attributable arrests/total alcohol attributable arrests:* While the "at risk" population rose from 2001 to 2005, the rates of arrests attributable to alcohol use per 100,000 population declined by 54/100,000 from 2001 to 2004 before rebounding by 41/100,000 in 2005. The "at-risk" population first rose from 2001 to 2003 and fell somewhat by 2004. However, the alcohol attributable juvenile arrest rates per 100,000 fell by 30/100,000. While the "at-risk" population first rose from 2001 to 2003, the rates of DUI arrests per 100,000 population fluctuated, ending the period up by just 1. While the "at-risk" population rose from 2001 to 2005, the rates of liquor law violations per 100,000 population declined by 34/100,000 to well below the national rate. The number of school-based incidents of use, possession and sale/distribution of alcohol has not changed significantly in the past four years.

Consumption

- *Current use of alcohol – General population/past month alcohol use*: While population rose from 2000 to 2005, alcohol use per 100,000 population rose by 6,260/100,000 from 2000 to 2003, but then fell by 3,250/100,000 from 2003 to 2005. While the 12 to 17 population rose from 2000 to 2005, alcohol use rates per 100,000 population rose from 2000 to 2004 and appear to have exceeded the national rates. While the 18 to 25 year-old population rose from 2000 to 2005, alcohol use per 100,000 population rose by 6,110/100,000 from 2000 to 2003, but fell by 2,650/100,000 from 2003 to 2005, although still exceeding the national rates. A similar pattern applies to the 26 year-old and older population.
- *Alcohol consumption by 7th and 8th graders/total alcohol consumption by youth under 21 in New Jersey:* The three year average of total alcohol lifetime use by 7th and 8th graders is above the 2002 national rate. The 30-day use has decreased since 1999 and is currently below the 2002 national average. Binge Drinking has decreased since 1999.
- *Alcohol consumption by high school students/total alcohol consumption and early use by youth under 21 in New Jersey*: Lifetime use of alcohol by high school students has remained unchanged over the ten-year period, failing to follow the national decline. Recent (30-day) use of alcohol by high school students has

declined, following the national trend. Episodic, heavy binge drinking by high school students has declined less than nationally. Early first use of alcohol has declined significantly among high school students.

- *Binge drinking by college students/consumes alcohol during the year*: Alcohol use in college populations is normative (almost nine out of ten students drink alcohol.
- *Had 5 or more drinks in a row in the last two weeks*: Though not the majority of students, high risk or heavy drinking is a persistent and relatively large problem compared to other drug use. About 30% of students consume five or more drinks in a row on more than one occasion in a two week period.

2. Illicit Drugs

Consequences

Morbidity

- *Drug dependence/population of specific age groups meeting DSM-IV criteria for drug dependence in past year*: While the 12 year-old and over population rose from 2001 to 2005, the rate of drug dependence per 100,000 population rose by 720 from 2001 to 2002, fluctuated thereafter and remained below the national rates. Similarly, the 12 to 17 year-old population rose with some fluctuation, the state rate per 100,000 rose initially by 1,340/100,000, then fluctuated, remaining below the national rates until 2004, exceeding it in 2005. The trend for the 18 to 25 year-old population followed the pattern of the 12 to 17 year-old population, except that the rate per 100,000 population exceeded the national rates in 2002, 2003 and 2005. Although fluctuating, the 25 years-old and older population grew from 2001 to 2005. The New Jersey rates grew by 450 per 100,000 population, while the national rates declined by 750.
- *Drug dependence/drug treatment admissions by primary substance of abuse:* While 12 years or older population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 62 although not as a linear relationship.
- *Drug dependence/admissions to treatment for illicit drug abuse:* While 12 year-old and older population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 160 among users of illicit drugs although not as a linear relationship.
- *Drug dependence/admissions to treatment for illicit drug abuse by drug type*: While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 83 for users of heroin. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 19 for users of other opiates. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 61 for users of cocaine. While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 13 for users of marijuana.

Crime

- *Drug attributable arrests/total arrest rates:* While the "at risk" population rose from 2001 to 2005, total arrest rates per 100,000 also rose by 30 although not as a linear relationship. Also, in 2005, state arrest rates were lower than the national rate.
- *Drug attributable arrests/adult arrests:* While the "at risk" population rose from 2001 to 2005, adult arrest rates, roughly 500 per 100,000 higher than total arrest rates, also rose by 87 although not as a linear relationship.
- *Drug attributable arrests/juvenile arrests:* While "at risk" population rose from 2001 to 2004, juvenile arrest rates per 100,000 declined by 210 from 2001 to 2005.
- *Drug attributable arrests/all drug related arrests:* While the "at risk" population rose from 2001 to 2005, the rates of arrests attributable to drug use per 100,000 population fluctuated and ended increased by three. While the "at risk" population rose from 2001 to 2003 before falling below baseline by 2005, juvenile arrest rates attributable to drug use per 100,000 declined steadily by 79. While the "at-risk" population remained constant from 2001 to 2003, drug law violations per 100,000 declined by 65 through 2003 and rebounded by 14 through 2005. While the "at-risk" population remained constant from 2001 to 2003, drug law violations per 100,000 declined by 65 through 2003 and rebounded by 14 through 2005.
- *Incidents of school crime/from substances*: While the "at-risk" population rose from 2003 to 2005, school crime from substance use dropped five per 100,000.
- *Incidents of school crime/from marijuana:* While the "at-risk" population rose from 2003 to 2006, school crime from marijuana use fluctuated, ending down 16 per 100,000.
- *Incidents of school crime/prescription drugs and depressants:* The number of school-based incidents involving depressants and prescription drugs decreased after having not changed in the prior three years.
- *Incidents of school crime/inhalants, narcotics, hallucinogens, cocaine, party drugs, amphetamines:* School-based incidents involving the possession/use of drugs other than marijuana and depressants have increased over the past four years.
- *Possession/use arrests:* Total arrests for possession/use of drugs accounted for 73% of all arrests, and the remaining 27% were for the sale/manufacturing of drugs. Arrests for opium or cocaine represent 47% of the possession/use category. Overall possession/use arrests for opium or cocaine is on the rise while there is a decline for synthetic narcotic.

Consumption

Any Illicit Drug Use

- *Drug use by 7th and 8th grade students/total:* Marijuana use has decreased since 1999 and is below the 2002 national average. Inhalant use has increased from 8% in 1999 to 8.4% in 2003. Illicit drug use has decreased since 1999.
- *Use of drugs on college campus:* Marijuana use has declined from over one-third of students to one-quarter. Other illicit drug use has declined from 15% to 8%. Weekly marijuana use has declined from 14% to 7%. About 2% of students use other illicit drugs on a weekly basis.

3. Other Risk Factors

Consequences

Morbidity

HIV/AIDS

- *HIV and Hepatitis C diagnosis among hospital discharges /cumulative AIDS cases with tuberculosis:* There was a nearly two-fold increase in the rate per 100,000 of hospital discharges with dual HIV and Hepatitis C diagnoses.
- *Living with AIDS by gender/estimated number of females living with HIV/AIDS by exposure category*: There was a significant increase in the number of women with heterosexual exposure to HIV.
- *Living with AIDS by gender/estimated number of males living with HIV/AIDS by exposure category*: There was a nearly three-fold increase in the rate per 100,000 of men exposed to HIV through heterosexual contact.

Consumption

Tobacco Use by Middle School and High School Students

- *Tobacco lifetime use by middle school – Grades 7-8:* Current use of any tobacco significantly decreased among middle school students from 1999 (18.9%) to 2004 (9.5%). There was also a significant decline in current use of any tobacco by high school students from 1999 (38.9%) to 2004 (26.8%).
- *Tobacco current use by middle school – Grades 7-8*: Between 1999 and 2004, Monitoring the Future documented a 47% decline in current cigarette use among 8th graders nationally while NJ's decline was 58%. Declines seen in youth smoking prevalence on the NJYTS are consistent with trends seen on Youth Risk Behavior Survey and Monitoring the Future Survey over the last several years.

4 Limitations

Rates vs. Absolute Numbers

Standardization by population size (e.g., number affected per 100,000 population) facilitates relative comparisons across different geographic units and populations or sub-populations, by identifying areas or groups where levels of problems or behaviors are atypically high in ways that cannot be explained simply by differences in population size. However, it may also be useful to know the absolute level of a problem in terms of actual numbers, and to compare these numbers across geographic units or population subgroups. A very large county, for example, that has only an average rate of a specific problem will likely contribute much more of the overall burden from that problem to the state than a very small county with a high rate. To overcome this problem, the data tables in this Epi-Profile include both the actual numbers and rates for the indicators selected.

Small Numbers

Drawing conclusions based on small numbers can be problematic. The SEOW will be carefully reviewing the data tables to exclude indicators where the sample size is too small at the State level, which would then be even more unreliable at the community level.

Identifying Meaningful Differences

The SEOW will need to develop guidelines to help determine what will be considered a "meaningful" difference. For example, what should be the minimum difference when comparing rates? When examining trends over time, what should be the minimum annual change?

Adjusting for Differences in Age

The solution to this is to calculate "age-adjusted" rates, which are calculated in a manner that removes the influence of variability in age structure across the populations being compared. This Epi-Profile includes age-adjusted rates whenever possible.

Differences in Attributable Fractions

Since a number of substance abuse-related consequences are only partially due to substance abuse, it is important to include the proportion of such consequences that are directly attributable, which is referred to as the attributable fraction (AF). Rates have been adjusted by their AF when they were known in order to more clearly represent the

relative magnitude of various substance abuse attributable consequences. This was particularly evident in the data tables on crime.

Use of response indicators for assessment

As CSAP notes, certain indicators (e.g., arrest, treatment data, school suspensions) are typically influenced by a variety of factors in addition to the underlying substance use patterns (e.g., funding, personnel/staff resources, and institutional priorities). As a result, they may reflect a 'response' to the problem rather than the underlying pattern of substance use or negative consequences. It will be important for the SEOW to examine legislation, laws, policies, etc. that may influence consumption and consequence patterns.

'Short' vs. 'Long' Term Consequences

The SEOW will evaluate the utility of some long term indicators in assessing the extent of negative consequences of substance use and/or underlying high risk substance use patterns before making any decision to exclude them from the profile.

Acknowledging Data Limitations

The SEOW will communicate methodological and reporting issues related to the data used in the preparation of this epidemiological profile and will be preparing recommendations for improving the various data collection systems.

5 Data Gaps

DATA GAPS:

Data Gaps are not listed in any specific order:

- Older adult risk factors
- Elderly data collection/sources need to be developed and implemented statewide
- Medical Examiners data - not all counties report to state; need to search for data on presence of AD in system of homicide victims; more collaboration / cooperation between New Jersey State Police and New Jersey Medical Examiners on ALL AOD related deaths
- Secondary cause of death via alcohol data needs to be collected
- Pedestrian fatalities and non-fatalities by age and substance need to be collected
- AOD related child abuse and neglect needs to be collected
- DWI convictions need to be available to public. Mandate courts to make convictions public information (DWI convictions)
- ABC needs to collect routine statistics on citations, fines, etc.
- Wholesale and retail alcohol sales need to be more readily available
- AOD related industrial/residential accident aggregates need to be collected on causes
- A uniform reporting system and a central repository of ALL Higher Education referrals needs to be developed. Universities/colleges could possibly need assistance with developing a system to collect and report their statistics to the central repository.
- AOD attributable domestic violence cases
- Hepatitis- drug related communicability of hepatitis needs to be collected
- Investigated unattended deaths - AOD related
- AOD related crash data (non-fatal)
- AOD related ambulatory care
- ER visits – not readily accessible
- Higher Education all cause referrals
- Current use of ATOD by high school students
- Sales of ethanol
- Prescription usage patterns (misuse/abuse) (if yes, move to hospital admissions)
- General education referrals to school Substance Awareness Coordinators
- General education referrals to treatment
- High school drop out rate

Special Population Data Gap – Older Adults

Although the Epi-Profile Workgroup will continue its research on various sub-populations across the lifespan. Special attention is being given to the older adult population due to the Epi-Profile Workgroup's many conversations and concerns, which have focused on the overwhelming lack of data relating to substance use. This data needs to be collected in order for New Jersey to address the growing issues and concerns of this increasing population across the state.

Research on Older Adults

The older population in New Jersey is increasing at a faster rate than any other segment of the population. The successive groups that have entered and are entering the older age groups (60 years of age and older) have evidenced an increased range of legal and illicit substances that are being used at an increased level. Information related to older individuals in treatment strongly indicates that one third of those who receive treatment did not have a problem until they reached their older years, and that the escalation of use into problematic abuse frequently coincided with factors related to life stage issues. Although often undocumented, the inappropriate use, whether intentional or accidental, dependent or addictive, of alcohol, prescriptions, over-the-counter medications, herbals and illicit drugs, singly or in combination with other substances, can have severe consequences on the physical, psychological, social and economic well-being of older adults.

According to the New Jersey State Strategic Plan on Aging: October 1, 2005 – September 30, 2008, the 60 years-old and older population is projected to increase from the 2003 figure of 1,495,460, or 17.2%, to nearly 2,500,000, or 23.6% of the state population by 2025, an increase of 6.4 percentage points. Two counties already exceed that projected percentage, Cape May at 25.8% and Ocean at 25.7%. In terms of distribution, 38% of New Jersey's older population lives in 4 counties: Bergen (11.9%), Ocean (9.4%), Essex (8.4%) and Middlesex (8.3%).

Nationally, it is estimated that 17% of older adults, aged 60 years-old and older, currently have problems related to the abuse of alcohol, and licit and illicit drugs. (Blow et. al. in Korper and Council). The number of older adults (50 years-old and older) with substance abuse problems will increase from 2.5 million in 1999 to 5.0 million in 2020 (Gfroerer et. al. in Korper and Council).

According to the CESAR FAX, May 29, 2006, the aging of the baby boomers will coincide with a dramatic increase in substance abuse in those 50 years-old and older. Comparing the use in the past year (1999-2001) and projecting to 2020, the use of any illicit drug will increase by 113%, marijuana use by 355% and non-medical use of prescription psychotherapeutics by 193%.

In consideration of the need for prevention among the current and future population of older adults, it is important to look at general risk factors that may play a role in the development of a problem related to substance use and abuse. Rarely does any risk factor exist in isolation but rather co-exists with other factors that precipitate the development of circumstances that may also serve to increase the risk for an individual. In looking at the following risk factors, it is obvious that the element of age cannot be eliminated, but goals related to understanding, minimizing and coping are crucial in the development of prevention programs.

A review of risk factors for older adults includes the following categories and specific elements:

***General Risks Associated with the Use of Substances*:** such as the acceleration of the normal decline of physiological functions, the elevation of the risk of injury and illness, the impact on cognitive functioning and possible cognitive impairment, and the precipitation of socio/economic decline.

Life Stage Related Events: widowhood; retirement; loss of family and friends, either by death or distance; loss of access to activities, organizations and institutions; economic decline; and becoming a caregiver.

Physical Risk Factors: change of body weight, decrease in body mass and body water, increase in body fat, decrease in the efficiency of the systems and organs of the body, decrease in tolerance of pain and its management, sensory loss, and declining or poor health.

Psycho/Social Risk Factors: loneliness; isolation; lack of community and family supports, depression, unresolved grief, feelings of worthlessness, lack of self esteem, and anxiety.

Environmental Risk Factors: change of residence or community, the loss of mobility in being able to leave the home; the loss of the ability to drive; lack of access to transportation; and living with a drinking / drugging spouse or companion.

There is documentation of some of these risk factors in publications by the New Jersey Department of Health and Senior Services (DHSS), Division of Aging and Community Services and the DHSS Center for Health Statistics. The Division on Aging and Community Services includes census material on living arrangement, economic status, disabilities and other factors in their report.

The Center for Health Statistics annual Behavioral Risk Factor Survey includes relevant risk factors and in some cases links the risks with consequences. In the report, "Older Pedestrian Fatalities in New Jersey, 1999-2000," it states, "Alcohol use has been shown

to significantly influence pedestrian injury… Even though younger males are more often involved in pedestrian incidents while intoxicated … additional research into pedestrian intoxication among older adults is needed" (Page 3). In the Center's report, "Suicide in New Jersey, 1999-2000", it is stated, "…depression is often a precursor to suicide, and many elderly men resort to alcohol and prescription drug over-use to self-medicate themselves for depression, a pattern of behavior which is highly conducive to suicide. TIP 26 (page 23) states, "The highest rate of completed suicide is in older white men who become excessively depressed and drink heavily following the death of their spouses."

The consequences of substance related problems are many and varied, and frequently undocumented although requiring the intervention of health and social service systems. Commonly referred to as the "hidden problem," these cases are under recognized, under addressed, and often substance use is not formally recorded as a part of the case record. Factors that may play a role in the practice of inadequate documentation are confusion of signs of substance problems with assumptions about the aging process, denial and/or shame on the part of the individual and the family, ageist views related to treatment and recovery, and a lack of resources to address the problem if formally recognized. Informal consequences include, but are not limited to, family alienation, withdrawal by friends and from normal practices, self-isolation, loss of social supports, depletion of resources, decreased self care, changes in eating and sleeping practices, and a series of unidentified and unresolved health problems.

More formal consequences are more likely to become a part of public record, such as DUI's. In the case of many consequences, there is not documentation of the underlying or contributing factors. Hospitalizations and emergency rooms visits by older adults are commonly documented by the primary presenting symptoms without reference to the contributing factors or circumstances, which may often include drinking alcohol or the use of medications.

Other examples of the more formal consequences that have the potential of providing a firmer basis of the need for prevention efforts on behalf of older adults include home accidents and falls, suicides and attempted suicides, qualifying for Adult Protective Service, untimely nursing home admissions, premature deaths, and mental health admissions for depression and anxiety.

An example of the undocumented impact that alcohol has on the health and well-being of some older adults and of the cost of this to the state of New Jersey may be considered. In 2000, it was estimated that osteoporosis caused 36,630 bone fractures in New Jersey residents, at the cost of $496 million. Medically, chronic alcohol use can result in decreased bone density, thus contributing to osteoporosis, a major factor in hip and other fractures. In addition, the use of alcohol and some medications, singly or in combination, can be a factor in lose of balance and muscular control, and thus a factor in falls and accidents. Hip and other fractures are one of the most frequent causes of disability among older adults, and often precipitate the necessity of a nursing home admission. Although the pieces of the puzzle are present, and there may be documentation in specific cases, it is not the practice to collect data that would substantiate the linkage of these

factors. It is not known what percentage of the resulting fractures are linked to alcohol, medications or other substance use, nor the actual cost of these specific cases to the state of New Jersey.

A similar situation exists in the instance of cases covered by Adult Protective Services. These are adults who have been found to be a danger to themselves or to others and thus receive care management services and in some cases are institutionalized. In 2004, 4787 cases were investigated and 2824 were validated. The issue of competency is crucial in many of these decisions. Informal estimates of case managers are that 50 to 70 percent of cases are related to substance use, either by the older individual, the caregiver or other individuals. Beginning in January 2007, for the first time, there is documentation of relevant substance information in the case record.

Evidence related to New Jersey SAMS indicates that the provision of treatment services does not begin to address the current need among the older population. In 2005-06, individuals 60 years-old and older represented only 1.3% of the treatment population. While there are many reasons for this, from lack of identification to the need for elder-specific treatment resources, the fact does highlight the need for prevention services to mitigate the increased pressure on the treatment system in the future.

In summary, whereas there is a lack of specific documentation related to older adults and substance use and abuse at this time in New Jersey, it is intended that the following will provide elder specific data in the coming year:

1. Adult Protective Services incorporated questions related to substance use into its record system as of January 2007.

2. Conversations have been initiated with the Department of Health and Senior Services MAPP (Mobilizing for Action through Planning and Partnership) Project to explore the possibility of accessing information specific to older adults and substance use and abuse through the MAPP assessment and prioritizing process.

3. The Division of Aging and Community Services recently identified substance abuse as a priority area. Conversations with that Division will focus on exploring the collection of information and data via the New Jersey EASE (Easy Access Single Entry) and other programs administered and funded through the State Division. Substance abuse issues related to the Global Options Nursing Facility Transition and the Aging and Disability Resource Connection will also be explored.

4. Exploratory conversations will be initiated with the Department of Community Affairs Senior Housing programs.

ADDITIONAL COMMENTS:

- Need to educate legislators on the negative impact that Active Consent vs. Passive Consent has had on data collection and analysis of youth substance use, which would in turn enable New Jersey to make more informed planning and decision making around prevention strategies for youth.
- Need to better coordinate inter-departmental funds for more efficient utilization of prevention funds.
- The Epi-Profile Workgroup will be revisiting Hospital Discharge with AOD as primary and secondary.

Appendix A
Acronyms and Abbreviations

ABC	Alcohol Beverage Control
A/R	Alcohol-Related
AOC	Administrative Offices of the Courts
AOD	Alcohol or Drug related
BAC	Blood Alcohol Content
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CSAP	Center for Substance Abuse Prevention
DCA	Department of Community Affairs
DCF	Department of Children and Families
DHHS	United States Department of Health and Human Services
DOJ	United States Department of Justice
DWI	Driving While Impaired
FARS	Fatality Analysis Reporting Systems
FBI	Federal Bureau of Investigation
MADD	Mothers Against Drunk Driving
NCANDS	National Child Abuse and Neglect Data System
NCHS	National Center for Health Statistics
NHTSA	National Highway Traffic Safety Administration
NJ DAS	New Jersey Division of Addiction Services
NJ DHSS	New Jersey Department of Health and Senior Services
NJ MVC	New Jersey Motor Vehicle Commission
NJPTA	New Jersey Parent Teacher Association
NJ SAMS	New Jersey Substance Abuse Management System
NSDUH	National Survey on Drug Use and Health
NVSS	The National Vital Statistics System
PIRE	Pacific Institute for Research and Evaluation
SAC	Substance Awareness Coordinator
SADD	Students Against Destructive Decisions
SAMHSA	Substance Abuse and Mental Health Services Administration
SEDS	State Epidemiological Data Set (developed by SAMHSA)
SEOW	State Epidemiological Outcomes Work Group
SIG	State Incentive Grant
SPF	Strategic Prevention Framework
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Report
USDOT	United States Department of Transportation

APPENDIX B
Constructs, Indicators and Selection Scoring

Table B1 List of Constructs by Substance Type, Indicators Used to measure each Construct and Selection Scoring																
Construct	Indicator	Data Source	Available for at least 2-3 Years	Indicators			Frequency		Population			Geographic Coverage				Total Score
				Alcohol	Illicit Drugs	Prescription Drugs	Month	Year	Age	Sex	Race	Muni.	County	State	National	
Mortality																
	Fatal crash – AOD related	FARS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Primary and secondary causes of mortality- AOD related	NJCHS	1	1	1			1	1	1	1	1	1	1	1	11
	Chronic liver disease	NJCHS	1	1	1			1	1	1	1	1	1	1	1	11
	Suicide – AOD related	NJCHS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Homicide AOD related	NJCHS	1	1	1		1	1	1	1	1	1	1	1	1	12
	HIV/AIDS	NJCHS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Hepatitis	NJCHS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Pedestrian fatalities	NJCHS	1	1	1		1	1	1	1	1	1	1	1	1	12
	General Risks – other than listed	DAS	1	1	1			1	1	1	1	1	1	1	1	11
Morbidity/Injury and Illness																
	AOD dependence	NSDUH	1	1	1		1	1	1	1	1	1	1	1	1	
	Treatment admissions - AOD	TEDS	1	1	1	1	1	1	1	1	1	1	1	1	1	13
	Child abuse and neglect	DYFS	1	1	1		1	1	1	1	1	1	1	1	1	12
	DUI offenders (characteristics)	IDP	1	1	1		1	1	1	1	1	1	1	1	1	12
	DYFS families - AOD related	DYFS	1	1	1		1	1	1	1	1	1	1	1	1	12
	HIV/AIDS	NJAIDS	1	1	1		1	1	1	1	1	1	1	1	1	12
	General risks	DAS	1	1	1			1	1	1	1	1	1	1	1	11
Crime																
	Juvenile arrests – AOD related	UCR	1	1	1		1	1	1	1	1	1	1	1	1	12
	DUI arrests	UCR	1	1	1		1	1	1	1	1	1	1	1	1	12
	Liquor law arrests	UCR	1	1	1		1	1	1	1	1	1	1	1	1	12
	School crime – AOD related	CRVV	1	1	1	1	1	1	1	1	1	1	1	1	1	13
	Arrests for drug law violation	UCR	1	1	1		1	1	1	1	1	1	1	1	1	12
	Possession / use arrests – D/R	UCR	1	1	1		1	1	1	1	1	1	1	1	1	12
	General risks – other than listed	DAS	1	1	1			1	1	1	1	1	1	1	1	12

AOD (Alcohol and Other Drugs)
IDP (Intoxicated Driving Program)

Continued

Table B1 List of Constructs by Substance Type, Indicators Used to measure each Construct and Selection Scoring																
Construct	Indicator	Data Source	Available for at least 2-3 Years	Indicators			Frequency		Population			Geographic Coverage				Total Score
				Alcohol	Illicit Drugs	Prescription Drugs	Month	Year	Age	Sex	Race	Muni.	County	State	National	
Consumption																
	Use of AOD 12+	NSDUH	1	1	1	1	1	1	1	1	1	1	1	1	1	13
	Use of AOD by middle school students	MSSUS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Tobacco current use by middle school students	MSSUS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Use of AOD by high school students	YRBS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Tobacco current use by high school students	YRBS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Use of AOD by college students	CORE	1	1	1		1	1	1	1	1	1	1	1	1	12
	Binge drinking by college students	CORE	1	1	1		1	1	1	1	1	1	1	1	1	12
	Life time use AOD - total population	NSDUH	1	1	1		1	1	1	1	1	1	1	1	1	12
	Life time use AOD - high school students	YRBS	1	1	1		1	1	1	1	1	1	1	1	1	12
	General risks – other than listed	DAS	1			1		1	1	1	1	1	1	1	1	13
Other Risk Factors																
	Tobacco Use	NJYTS	1	1	1		1	1	1	1	1	1	1	1	1	12
	Non-medical use of Prescription Drugs	NSDUH	1	1	1	1		1	1	1	1	1	1	1	1	12
	General Risks – Other than listed	DAS	1	1	1			1	1	1	1	1	1	1	1	12
	HIV/AIDS	NJDHSS	1	1	1			1	1	1	1	1	1	1	1	11
AOD (Alcohol & other drugs) IDP (Intoxicated Driving Program)																

APPENDIX C
Alcohol Consequences

Table C-1 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Mortality								
Alcohol Related (A/R) Mortality								
Alcohol as primary cause of death	A/R mortality	NJCHS	2001	493	8,612,222	5.6	7.0	Between 2001 and 2003 the national death rate due to alcohol remained unchanged (7%) while it decreased by 1% in New. Jersey.
		NJCHS	2002	482	8,695,460	5.3	6.9	
		NJCHS	2003	428	8,640,028	4.7	7.0	
	Chronic liver disease and cirrhosis	NJCHS	2001	778	8,612,222	8.5	9.4	
		NJCHS	2002	730	8,695,460	7.9	9.5	
		NJCHS	2003	767	8,640,028	8.4	9.3	
Alcohol as secondary cause of death	Suicide death from all causes	NJCHS	2001	588	8,612,222	6.8	10.8	A/R suicide rate in New Jersey was lower than the national A/R suicide rate per 100,000.
		NJCHS	2002	553	8,695,460	6.3	11.0	
		NJCHS	2003	560	8,640,028	6.3	10.8	
	A/R suicide death	NJCHS	2001	165	8,612,222	1.9	4.9	
		NJCHS	2002	155	8,695,460	1.8	5.1	
		NJCHS	2003	157	8,640,028	1.8	5.0	
								New Jersey's homicide rate was the 14th lowest in the nation in 2002. It increased sharply in 2003 to 4.9. The recent increase is concentrated among the 15-24 and 25-34 age group (11.8 and 10.8 /100,000 respectively). A/R homicide rate in New Jersey is lower than the national rate.
	Homicide death from all causes	NJCHS	2001	1,051	8,612,222	12.2	8.9	
		NJCHS	2002	333	8,695,460	4.0	6.0	
		NJCHS	2003	406	8,640,028	4.9	6.1	
	A/R homicide death	NJCHS	2001	483	8,612,222	5.6	4.0	
		NJCHS	2002	153	8,695,460	1.8	3.9	
		NJCHS	2003	187	8,640,028	2.2	2.7	

Source: www.nj.gov/health/chs/muni.htm.
National Center for Health Statistics. http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf

Table C-1 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Mortality (Continued)								
Motor Vehicle (M/V) Crashes								
Alcohol as secondary cause of death	All fatalities from MV crashes	FARS	2001	745	8,612,222	8.7	14.8	New Jersey motor vehicle fatalities remained relatively stable from 2001 to 2005, varying by 6/ 100,000 at-risk population. New Jersey rates were lower than the national rates.
		FARS	2002	771	8,695,460	8.9	14.9	
		FARS	2003	733	8,640,028	8.5	14.7	
		FARS	2004	725	8,685,166	8.3	14.7	
		FARS	2005	748	8,717,925	8.6	14.7	
								New Jersey alcohol-related motor vehicle fatalities remained relatively stable from 2001 to 2005, varying by 4 per 100,000 at-risk population. New Jersey rates were lower than the national rates, but this difference varied from 46% lower in 2001 to 34% lower in 2005.
	MV fatalities that were alcohol related	FARS	2001	225	6,655,459	3.4	6.1	
		FARS	2002	229	6,655,459	3.4	6.0	
		FARS	2003	228	6,704,596	3.4	5.9	
		FARS	2004	236	6,737,812	3.5	5.7	
		FARS	2005	254	6,737,812	3.8	5.7	
Alcohol Attributable Pedestrian Fatalities								
Alcohol as secondary cause of death	All pedestrian fatalities	FARS	2001	138	8,612,222	1.6	1.7	New Jersey pedestrian fatalities varied from a low of 1.6 in 2001per 100,000 at-risk population to a high of 2.1 in 2002, settling down to 1.8 by 2005. Also, state rates were, on average, 7.2% higher than the national rates.
		FARS	2002	183	8,695,460	2.1	1.7	
		FARS	2003	138	8,640,028	1.6	1.6	
		FARS	2004	156	8,685,166	1.8	1.6	
		FARS	2005	157	8,717,925	1.8	1.7	
								New Jersey alcohol attributable pedestrian fatalities varied from .4 per 100,000 at-risk population in 2001 to .5 from 2002 to 2004, returning to .4 in 2005. Also, state rates were, on average, 26% lower than the national rates.
	Alcohol attributable pedestrian fatalities	FARS	2001	34	8,612,222	0.4	0.6	
		FARS	2002	43	8,695,460	0.5	0.6	
		FARS	2003	43	8,640,028	0.5	0.6	
		FARS	2004	43	8,685,166	0.5	0.6	
		FARS	2005	35	8,717,925	0.4	0.6	
FARS (Fatal Accident Reporting System), National Highway Traffic Safety								

Table C-2 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Morbidity								
Alcohol Dependence[1]								
Population meeting the DSM-IV criteria for alcohol dependence in past year	Total population 12 years old and above	NSDUH	2001	141,000	6,746,411	2,090	2,370	New Jersey's alcohol dependency rate per 100,000 at-risk population rose most sharply from 2,090 in 2001 to 3,060 in 2002, declining slightly to 2,700 in 2004 and rising slightly to 2,840 in 2005. NJ rates were, on average, 14.1% lower than the national rates throughout the period.
		NSDUH	2002	216,000	7,058,824	3,060	3,500	
		NSDUH	2003	211,000	7,104,377	2,970	3,340	
		NSDUH	2004	193,000	7,148,148	2,700	3,330	
		NSDUH	2005	204,000	7,183,099	2,840	3,380	
	12-17 years old	NSDUH	2001	9,000	656,934	1,370	1,890	New Jersey rates per 100,000 at-risk population rose steadily by a total percent change of 51.1% between 2001 and 2005. State rates were, on average, 14.2% lower than national rates throughout the period.
		NSDUH	2002	13,000	714,286	1,820	2,130	
		NSDUH	2003	13,000	718,232	1,810	2,090	
		NSDUH	2004	13,000	710,383	1,830	2,080	
		NSDUH	2005	15,000	724,638	2,070	2,140	
	18-25 years old	NSDUH	2001	30,000	781,250	3,840	5,160	New Jersey rates per 100,000 rose between 2001 and 2002 more sharply than the national rates, but fell from 2002 to 2004 while the national rates rose from 2003 to 2005.
		NSDUH	2002	57,400	784,153	7,320	7,000	
		NSDUH	2003	52,000	791,476	6,570	6,870	
		NSDUH	2004	48,000	810,811	5,920	6,960	
		NSDUH	2005	50,000	838,926	5,960	7,210	
	26 years old and above	NSDUH	2001	103,000	5,336,788	1,930	1,960	New Jersey rates per 100,000 rose between 2001 and 2002 less sharply than the national rates, but fell from 2002 to 2004 more sharply than the national rates.
		NSDUH	2002	147,000	5,610,687	2,620	3,080	
		NSDUH	2003	146,000	5,593,870	2,610	2,900	
		NSDUH	2004	131,000	5,598,291	2,340	2,860	
		NSDUH	2005	139,000	5,791,667	2,400	2,870	
Source: SAMHSA Office of Applied Studies, National Survey on Drug Use and Health, 2001 – 2005								

[1] Dependence is based on the definition found in the 4th edition of DSM-IV

Table C-3 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate*	Trend across time and with respect to national data
Morbidity (Continued)								
Treatment Admissions by Primary Substance of Abuse								
Admissions to treatment for all substance of abuse	Population aged 12 years and above	TEDS	2001	54,687	6,124,572	893	741	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 62/100,000.
		TEDS	2002	54,524	6,462,372	844	779	
		TEDS	2003	55,589	6,514,671	853	755	
		TEDS	2004	54,040	6,566,049	823	743	
		TEDS	2005	55,003	6,617,420	831	721	
Treatment admissions alcohol only addiction	Population aged 12 years and above	TEDS	2001	8,951	6,124,572	146	216	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 17/100,000 among alcohol abusing clients..
		TEDS	2002	8,625	6,462,372	133	210	
		TEDS	2003	8,929	6,514,671	137	213	
		TEDS	2004	8,579	6,566,049	131	204	
		TEDS	2005	8,538	6,617,420	129	155	
Admissions to treatment for alcohol with secondary drug abuse	Population aged 12 years and above	TEDS	2001	6,306	6,124,572	103	148	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 8 for users of alcohol with secondary drug use.
		TEDS	2002	6,301	6,462,372	98	150	
		TEDS	2003	6,363	6,514,671	98	140	
		TEDS	2004	6,348	6,566,049	97	133	
		TEDS	2005	6,300	6,617,420	95	127	
Total admissions for alcohol treatment	Population aged 12 years and above	TEDS	2001	15,257	6,124,572	249	329	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 25/100,000 for all alcohol admissions.
		TEDS	2002	14,926	6,462,372	231	334	
		TEDS	2003	15,292	6,514,671	235	314	
		TEDS	2004	14,927	6,566,049	227	298	
		TEDS	2005	14,838	6,617,420	224	282	
TEDS (Treatment Episode Data Set) *Calculated from National Census Estimates for age 10+								

Table C-4 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Morbidity (Continued)								
Intoxicated Driving Program (IDP) Clients								
Lifetime alcohol-related motor vehicle offenses	One offense	DAS-IDP	2002	11,699	5,711,794	205	Not available	The number of offenses for New Jersey IDP clients completing the IDRC program remained fairly consistent from 2002 – 2005 with a slight decrease in those with 3 or more offenses attending classes.
		DAS-IDP	2003	12,727	5,728,975	222	Not available	
		DAS-IDP	2004	13,051	5,799,532	225	Not available	
		DAS-IDP	2005	14,138	5,870,720	241	Not available	
	Two offenses	DAS-IDP	2002	3,175	5,711,794	56	Not available	
		DAS-IDP	2003	3,455	5,728,975	60	Not available	
		DAS-IDP	2004	3,972	5,799,532	68	Not available	
		DAS-IDP	2005	3,783	5,870,720	64	Not available	
	Three or more offenses	DAS-IDP	2002	1,838	5,711,794	32	Not available	
		DAS-IDP	2003	2,000	5,728,975	35	Not available	
		DAS-IDP	2004	1,892	5,799,532	33	Not available	
		DAS-IDP	2005	1,792	5,870,720	31	Not available	
DAS-IDP (Division of Addiction Services-Intoxicated Driving Program) Population at Risk: Number of Licensed Drivers in NJ http://www.fhwa.dot.gov/policy/ohim								

Table C-4 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Morbidity (Continued)								
Intoxicated Driving Program (IDP) Clients								
Lifetime illicit drug use by IDP clients	Lifetime marijuana use	DAS-IDP	2002	8,836	5,711,794	155	Not available	
		DAS-IDP	2003	9,784	5,728,975	171	Not available	
		DAS-IDP	2004	10,157	5,799,532	175	Not available	
		DAS-IDP	2005	10,653	5,870,720	181	Not available	
	Lifetime cocaine use	DAS-IDP	2002	3,162	5,711,794	55	Not available	
		DAS-IDP	2003	3,438	5,728,975	60	Not available	
		DAS-IDP	2004	3,734	5,799,532	64	Not available	
		DAS-IDP	2005	3,525	5,870,720	60	Not available	
	Lifetime heroin use	DAS-IDP	2002	499	5,711,794	9	Not available	
		DAS-IDP	2003	542	5,728,975	9	Not available	
		DAS-IDP	2004	745	5,799,532	13	Not available	
		DAS-IDP	2005	587	5,870,720	10	Not available	

DAS-IDP (Division of Addiction Services-Intoxicated Driving Program)
Population at Risk: Number of Licensed Drivers in NJ, Source: Office of Highway Traffic Safety
http://www.fhwa.dot.gov/policy/ohpi/qfdrivers.htm

Table C-5 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Morbidity (Continued)								
Alcohol Related DYFS Involved Families								
	Total child abuse/neglect cases involving prenatal substance abuse	DYFS	2002	969	2,119,139	46	Not available	
		DYFS	2003	935	2,136,179	44	Not available	
		DYFS	2004	859	2,150,267	40	Not available	
	Total child related alcohol abuse referrals	DYFS	2002	67	2,119,139	3	Not available	
		DYFS	2003	74	2,136,179	3	Not available	
		DYFS	2004	87	2,150,267	4	Not available	
	Total Parent-Related Alcohol Abuse Referrals	DYFS	2002	1,107	2,119,139	52	Not available	
		DYFS	2003	1,206	2,136,179	56	Not available	
		DYFS	2004	1,342	2,150,267	62	Not available	
	Total substance – exposed newborns	DYFS	2002	51	2,119,139	2	Not available	
		DYFS	2003	63	2,136,179	3	Not available	
		DYFS	2004*	46	2,150,267	2	Not available	
		DYFS	2005	53	2,135,195	2	Not available	

* Substance exposed newborns was not a valid family problem code as of 7/1/04. Regardless of prenatal exposure, only newborns who tested positive at birth were referred as maltreatment cases.

Table C-6 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime								
Alcohol Attributable Arrests								
All arrests by age	Total arrests in New Jersey	UCR	2001	389,994	8,504,864	4,586	4,840	While "at risk" population rose from 2001 to 2005, arrest rates per 100,000 also rose by 30 . Also, in 2005, state arrest rates were lower than the national rate.
		UCR	2002	396,254	8,576,089	4,620	5,972	
		UCR	2003	389,377	8,640,028	4,507	5,784	
		UCR	2004	396,296	8,685,166	4,563	4,752	
		UCR	2005	402,418	8,717,925	4,616	4,761	
	Adult arrests for all offenses	UCR	2001	325,074	6,402,576	5,077	3,705	While "at risk" population rose from 2001 to 2005, adult arrest rates, roughly 500 per 100,000 higher than total arrest rates, also rose by 84.
		UCR	2002	332,437	6,462,372	5,144	3,939	
		UCR	2003	326,814	6,514,671	5,017	3,813	
		UCR	2004	334,442	6,566,049	5,094	3,742	
		UCR	2005	341,701	6,617,420	5,164	Not available	
	Juvenile arrests for all offenses	UCR	2001	64,920	2,102,288	3,088	2,064	While "at risk" population rose from 2001 to 2004, juvenile arrest rates per 100,000 declined by 210 from 2001 to 2005.
		UCR	2002	63,817	2,113,717	3,019	2,033	
		UCR	2003	62,563	2,125,357	2,944	1,941	
		UCR	2004	61,854	2,119,117	2,919	1,958	
		UCR	2005	60,458	2,100,505	2,878	Not available	
	Total alcohol attributable arrests	UCR	2001	50,413	8,504,864	593	579	While "at risk" population rose from 2001 to 2005, the rates of arrests attributable to alcohol use per 100,000 population declined by 46 from 2001 to 2004 before rebounding by 41 in 2005.
		UCR	2002	49,253	8,576,089	574	623	
		UCR	2003	48,594	8,640,028	562	596	
		UCR	2004	47,478	8,685,166	547	598	
		UCR	2005	51,277	8,717,925	588	Not available	
New Jersey Department of Law & Public Safety, Uniform Crime Report. "Juvenile" includes total population of NJ age 0 – 17, therefore rate per 100,000 may be skewed								

Table C-6 Substance Abuse Constructs and Indicators: Alcohol Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime (Continued)								
Alcohol Attributable Arrests								
Alcohol attributable arrests	Total juvenile arrests attributable to alcohol	UCR	2001	4,754	2,102,288	226	266	The "at-risk" population first rose from 2001 to 2003 and fell somewhat by 2004. However, the alcohol attributable juvenile arrest rates fell by 30/100,000.
		UCR	2002	4,535	2,113,717	215	222	
		UCR	2003	4,320	2,125,357	203	202	
		UCR	2004	4,153	2,119,117	196	201	
		UCR	2001	4,754	2,102,288	226	Not available	
	DUI arrests	UCR	2001	28,929	5,715,089	506	331	While the number of licensed drivers rose from 2001 to 2005, the rates of DUI arrests per 100,000 population fluctuated, ending the period down by 10/100,000.
		UCR	2002	28,135	5,711,794	493	353	
		UCR	2003	29,048	5,728,975	507	345	
		UCR	2004	28682	5,799,532	495	345	
		UCR	2005	29,143	5,870,720	496	Not available	
	Liquor law violation arrests	UCR	2001	10,366	8,504,864	122	143	While "at-risk" population first rose from 2001 to 2003, the rates of liquor law violations declined by 34/100,000, well below the national rate.
		UCR	2002	9,955	8,576,089	116	161	
		UCR	2003	8,581	8,640,028	99	148	
		UCR	2004	7,693	8,685,166	89	149	
		UCR	2005	7,462	8,717,925	86	Not available	
A/R Juvenile crime in schools	Incidents of school crime related to alcohol	CRVV	2002-03	540	557,215	97	Not available	The number of school-based incidents of use, possession and sale/distribution of alcohol has dropped steadily as the population at risk rose.
		CRVV	2003-04	520	572,532	91	Not available	
		CRVV	2004-05	546	587,136	93	Not available	
		CRVV	2005-06	537	594,206	90	Not available	

New Jersey Department of Law & Public Safety, Uniform Crime Report. "Juvenile" includes total population of NJ age 0 – 17, therefore the rate per 100,000 may be skewed. CRVV: NJ Department of Education Commissioner's Annual Report to the Education **C**ommittees of the Senate and General Assembly on Violence, Vandalism and Substance Abuse **i**n New Jersey Public Schools

APPENDIX D
Alcohol Consumption

Table D-1 Substance Abuse Constructs and Indicators: Alcohol Consumption								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Current Use of Alcohol – General Population								
Past month alcohol use	Persons age 12 years and older reporting any use of alcohol	NSDUH	1999 - 2000	3,446,000	6,695,162	51,470	46,250	While population rose from 2000 to 2005, alcohol use per 100,000 population rose by 6,260 from 2000 to 2003, but then fell by 3,250 from 2003 to 2005.
		NSDUH	2000 - 2001	3,606,000	6,747,754	53,440	47,590	
		NSDUH	2002 - 2003	4,097,000	7,096,830	57,730	50,500	
		NSDUH	2003 - 2004	3,806,000	7,147,418	53,250	50,170	
		NSDUH	2004 - 2005	3,914,000	7,184,288	54,480	51,050	
	Persons age 12 - 17 years reporting any use of alcohol	NSDUH	1999 - 2000	111,000	627,473	17,690	16,400	While the 12 to 17 population rose from 2000 to 2005, alcohol use rates per 100,000 population rose from 2000 to 2004 and appear to have exceeded the national rates.
		NSDUH	2000 - 2001	115,000	651,558	17,650	16,830	
		NSDUH	2002 - 2003	135,000	719,233	18,770	17,670	
		NSDUH	2003 - 2004	138,000	733,262	18,820	17,750	
		NSDUH	2004 - 2005	140,000	745,871	18,770	17,060	
	Persons age 18 - 25 years reporting any use of alcohol	NSDUH	1999 - 2000	460,000	780,322	58,950	56,810	While the 18 to 25 population rose from 2000 to 2005, alcohol use per 100,000 population rose by 6,110 from 2000 to 2003, but fell by 2,650 from 2003 to 2005, although still exceeding the national rates. A similar pattern applies to the 26 and older population.
		NSDUH	2000 - 2001	470,000	768,728	61,140	57,480	
		NSDUH	2002 - 2003	515,000	791,577	65,060	60,910	
		NSDUH	2003 - 2004	521,000	816,742	63,790	60,920	
		NSDUH	2004 - 2005	520,000	833,200	62,410	60,690	
	Persons age 26 years and older reporting any use of alcohol	NSDUH	1999 - 2000	2,876,000	5,290,655	54,360	48,550	
		NSDUH	2000 - 2001	3,021,000	5,326,164	56,720	50,110	
		NSDUH	2002 - 2003	3,448,000	5,586,520	61,720	53,220	
		NSDUH	2003 - 2004	3,147,000	5,595,661	56,240	52,780	
		NSDUH	2004 - 2005	3,255,000	5,606,269	58,060	54,030	
NSDUH (National Survey on Drug Use & Health), Office of Applied Studies, SAMHSA								

Table D-2 Substance Abuse Constructs and Indicators: Alcohol Consumption

Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Population at Risk	National Average Rate	Trend across time and with respect to national data
Alcohol Consumption by 7th and 8th Graders								
Total alcohol consumption by youth under 21 in New Jersey	Total alcohol lifetime use by 7th and 8th graders	MSSUS	1999	7,860	52.8%	174,590	47.0%	The NJ prevalence rates for 2001 and 2003 are below the national rate for 2002.
		MSSUS	2001	14,567	44.6%	189,322		
		MSSUS	2003	10,604	46.4%	206,079		
	Total alcohol 30-day use by 7th and 8th graders	MSSUS	1999	7,926	24.6%	174,590	19.6%	30 day use has decreased since 1999 and is below the 2002 national average for 2001 and 2003.
		MSSUS	2001	14,538	16.0%	189,322		
		MSSUS	2003	10,614	13.8%	206,079		
	Total alcohol binge drinking by 7th and 8th graders	MSSUS	1999	7,944	9.7%	174,590	Not available	Binge Drinking has decreased since 1999.
		MSSUS	2001	14,465	7.6%	189,322		
		MSSUS	2003	10,604	6.4%	206,079		

MSSUS (New Jersey Middle School Substance Use Survey)
2002 Monitoring the Future used for national rate

Table D-3 Substance Abuse Constructs and Indicators: Alcohol Consumption								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Population at Risk	National Average Rate	Trend across time and with respect to national data
Alcohol Consumption by High School Students								
Total alcohol consumption and early use by youth under 21 in New Jersey	Lifetime alcohol use by high school students	YRBS	1995	3,529	79.7	296,490	80%	Lifetime use of alcohol by high school students has remained unchanged over the ten-year period, failing to follow the national decline.
		YRBS	2001	2,142	83.9	322,551	78%	
		NJSHS	2005	1,495	79.3	378,142	74%	
	30-Day use of alcohol by high school students	YRBS	1995	3529	51.1	296,490	52%	Recent use of alcohol by high school students increased, then recently declined.
		YRBS	2001	2,142	55.7	322,551	47%	
		NJSHS	2005	1,495	46.5	378,142	43%	
	Binge drinking by high school students	YRBS	1995	3,529	30.6	296,490	33%	Episodic, heavy drinking by high school students has declined less than nationally.
		YRBS	2001	2,142	32.6	322,551	30%	
		NJSHS	2005	1,495	27.2	378,142	26%	
	First drink by Age 12 or Younger	YRBS	1995	3,529	37.4	296,490	32%	Early use of alcohol has declined significantly among high school students.
		YRBS	2001	2,142	32.5	322,551	29%	
		NJSHS	2005	1,495	20.1	378,142	26%	
NJSHS (New Jersey Student Health Survey)								

Table D-4 Substance Abuse Constructs and Indicators: Alcohol Consumption							
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Number of Colleges Surveyed	Trend across time and with respect to national data
Binge Drinking by College Students							
Use of alcohol by college students	Consumes alcohol during the year	CORE	2002	3,462	88.3%	8	Alcohol use in college populations is normative (almost nine out of ten students drink alcohol
		CORE	2003	4,570	87.1%	10	
		CORE	2004	3,312	89.5%	9	
		CORE	2005	3,702	88.3%	9	
		CORE	2006	2,301	86.2%	9	
Binge drinking by college students (defined as 5 or more drinks per sitting for males; 4 or more drinks per sitting for females)	Had 5 or more drinks in a row in the last two weeks	CORE	2002	3,462	45.4%	8	Though not the majority of students, high risk or heavy drinking is a persistent and relatively large problem compared to other drug use.
		CORE	2003	4,570	42.6%	10	
		CORE	2004	3,312	48.3%	9	
		CORE	2005	3,702	46.7%	9	
		CORE	2006	2,301	43.3%	9	
	Had 5 or more drinks in a row in last two weeks more than once	CORE	2002	3,462	30.1%	8	About 30% of students consume five or more drinks in a row on more than one occasion in a two week period.
		CORE	2003	4,570	28.0%	10	
		CORE	2004	3,312	32.5%	9	
		CORE	2005	3,702	31.0%	9	
		CORE	2006	2,301	28.6%	9	
CORE: Core Institute, Southern Illinois University Carbondale							

Table D-4 Substance Abuse Constructs and Indicators: Alcohol Consumption							
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Number of Colleges Surveyed	Trend across time and with respect to national data
Binge Drinking by College Students continued							
Binge drinking by college students (defined as 5 or more drinks per sitting for males; 4 or more drinks per sitting for females)	Consumes 5 or more drinks at parties and bars	CORE	2002	3,462	38.3%	8	The prevalence of students consuming 5 or more and 7 or more drinks at parties and bars has remained steady from 2002 through 2006.
		CORE	2003	4,570	36.4%	10	
		CORE	2004	3,312	39.4%	9	
		CORE	2005	3,702	37.6%	9	
		CORE	2006	2,301	38.5%	9	
	Consumes 7 or more drinks at parties and bars	CORE	2002	3,462	19.4%	8	
		CORE	2003	4,570	17.8%	10	
		CORE	2004	3,312	19.1%	9	
		CORE	2005	3,702	18.6%	9	
		CORE	2006	2,301	20.3%	9	
CORE: Core Institute, Southern Illinois University Carbondale							

APPENDIX E
Drug Consequences

Table E-1 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Mortality								
Drug Related (D/R) Mortality								
	D/R mortality	NJCHS	2001	796	8,612,222	9.2	Not available	Within the time period of 2001-2003, drug related mortality in New Jersey peaked in 2002 but in 2003 it dropped below the 2001 level.
		NJCHS	2002	884	8,695,460	10.1	Not available	
		NJCHS	2003	751	8,640,028	8.7	Not available	

Table E-2 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Drug Dependence[2]								
Population of specific age groups meeting DSM-IV criteria for drug dependence in past year	Total population 12 years old and above	NSDUH	2001	71,000	6,746,411	1052	2,370	While the 12 and over population rose from 2001 to 2005, the rate of drug dependence per 100,000 population rose by 720 from 2001 to 2002, fluctuated thereafter and remained below the national rates.
		NSDUH	2002	126,000	7,058,824	1785	1,970	
		NSDUH	2003	122,000	7,104,377	1717	1,910	
		NSDUH	2004	123,000	7,148,148	1721	1,930	
		NSDUH	2005	128,000	7,183,099	1782	1,980	
	12-17 years old	NSDUH	2001	11,000	656,934	1674	1,890	Similarly, the 12 to 17 population rose with some fluctuation, the state rate per 100,000 rose initially by 1,340, then fluctuated, remaining below the national rates until 2004, exceeding it in 2005.
		NSDUH	2002	22,000	714,286	3080	3,160	
		NSDUH	2003	20,000	718,232	2785	2,970	
		NSDUH	2004	21,000	710,383	2956	2,850	
		NSDUH	2005	23,000	724,638	3174	2,800	
	18-25 years old	NSDUH	2001	31,000	781,250	3968	5,160	The trend for the 18 to 25 population followed the pattern of the 12 to 17 population, except that the rate per 100,000 population exceeded the national rates in 2002, 2003 and 2005.
		NSDUH	2002	50,000	784,153	6376	5,520	
		NSDUH	2003	44,000	791,476	5559	5,360	
		NSDUH	2004	44,000	810,811	5427	5,380	
		NSDUH	2005	48,000	838,926	5722	5,700	
	26 years old and above	NSDUH	2001	29,000	5,336,788	543	1,960	Although fluctuating, the 25 and older population grew from 2001 to 2005. Likewise, the New Jersey rates grew by 450 per 100,000 population while the national rates declined by 750.
		NSDUH	2002	54,000	5,610,687	962	1,200	
		NSDUH	2003	58,000	5,593,870	1037	1,160	
		NSDUH	2004	59,000	5,598,291	1054	1,200	
		NSDUH	2005	57,000	5,791,667	984	1,210	

Continued

[2] Dependence is based on the definition found in the 4th edition of DSM-IV

Table E-3 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Drug Treatment Admissions by Primary Substance of Abuse								
Admissions to treatment for all substance of abuse	Population 12 years old and above	TEDS	2001	54,687	6,124,572	893	741	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 62.
		TEDS	2002	54,524	6,462,372	844	779	
		TEDS	2003	55,589	6,514,671	853	755	
		TEDS	2004	54,040	6,566,049	823	743	
		TEDS	2005	55,003	6,617,420	831	721	
Admissions to treatment for illicit drug abuse	Population 12 years old and above	TEDS	2001	39,430	6,124,572	644	Not available	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 160 among users of illicit drugs.
		TEDS	2002	23,152	6,462,372	358	Not available	
		TEDS	2003	26,437	6,514,671	406	Not available	
		TEDS	2004	29,916	6,566,049	456	Not available	
		TEDS	2005	32,039	6,617,420	484	Not available	
Admissions to treatment for illicit drug abuse by drug type	Heroin	TEDS	2001	26,637	6,124,572	435	137	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 declined by 83 for users of heroin.
		TEDS	2002	26,492	6,462,372	410	140	
		TEDS	2003	26,051	6,514,671	400	137	
		TEDS	2004	23,452	6,566,049	357	133	
		TEDS	2005	23.289	6,617,420	352	Not available	
	Other opiates	TEDS	2001	848	6,124,572	14	16	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 19 for users of other opiates.
		TEDS	2002	1,124	6,462,372	17	18	
		TEDS	2003	1,256	6,514,671	19	21	
		TEDS	2004	1,689	6,566,049	26	25	
		TEDS	2005	2,196	6,617,420	33	Not available	

Continued

Table E-4 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Drug Treatment Admissions								
Admissions to treatment for illicit drug abuse by drug type	Cocaine	TEDS	2001	1,850	6,124,572	30	99	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 61 for users of cocaine.
		TEDS	2002	5,310	6,462,372	82	104	
		TEDS	2003	5,678	6,514,671	87	107	
		TEDS	2004	5,864	6,566,049	89	105	
		TEDS	2005	6,043	6,617,420	91	Not available	
	Marijuana	TEDS	2001	5,700	6,124,572	93	115	While population rose from 2001 to 2005, rates of treatment admissions per 100,000 increased by 13 for users of marijuana.
		TEDS	2002	5,862	6,462,372	91	123	
		TEDS	2003	6,319	6,514,671	97	122	
		TEDS	2004	6,462	6,566,049	98	122	
		TEDS	2005	7,015	6,617,420	106	Not available	

Table E-5 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime								
Drug Attributable Arrests								
Arrests	Total arrests in New Jersey	UCR	2001	389,994	8,504,864	4,586	4,840	While "at risk" population rose from 2001 to 2005, arrest rates per 100,000 also rose by 30. Also, in 2005, state arrest rates were lower than the national rate.
		UCR	2002	396,254	8,576,089	4,620	5,972	
		UCR	2003	389,377	8,640,028	4,507	5,784	
		UCR	2004	396,296	8,685,166	4,563	4,752	
		UCR	2005	402,418	8,717,925	4,616	4,761	
	Adult arrests	UCR	2001	325,074	6,402,576	5,077	3,705	While "at risk" population rose from 2001 to 2005, adult arrest rates, roughly 500 per 100,000 higher than total arrest rates, also rose by 84.
		UCR	2002	332,437	6,462,372	5,144	3,939	
		UCR	2003	326,814	6,514,671	5,017	3,813	
		UCR	2004	334,442	6,566,049	5,094	3,742	
		UCR	2005	341,701	6,617,420	5,164	Not available	
	Juvenile arrests	UCR	2001	64,920	2,102,288	3,088	2,064	While "at risk" population rose from 2001 to 2004, juvenile arrest rates per 100,000 declined by 210 from 2001 to 2005.
		UCR	2002	63,817	2,113,717	3,019	2,033	
		UCR	2003	62,563	2,125,357	2,944	1,941	
		UCR	2004	61,854	2,119,117	2,919	1,958	
		UCR	2005	60,458	2,100,505	2,878	Not available	
Drug related arrests	All drug related arrests	UCR	2001	70,204	8,504,864	825	836	While "at risk" population rose from 2001 to 2005, the rates of arrests attributable to drug use per 100,000 population fluctuated and ended up by 3.
		UCR	2002	71,250	8,576,089	831	909	
		UCR	2003	68,251	8,640,028	790	923	
		UCR	2004	69,264	8,685,166	797	808	
		UCR	2005	70,477	8,717,925	808	Not available	

Continued

Table E-5 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime (Continued)								
Drug related arrests	Drug related juvenile arrests	UCR	2001	11,405	2,102,288	543	322	While "at risk" population rose from 2001 to 2003 before falling below baseline by 2005, juvenile arrest rates attributable to drug use per 100,000 declined steadily by 80/100,000.
		UCR	2002	10,934	2,113,717	517	303	
		UCR	2003	9,661	2,125,357	455	282	
		UCR	2004	9,825	2,119,117	464	144	
		UCR	2005	9,718	2,100,505	463	Not available	
	Total drug law violation	UCR	2001	7676	2,123,725	361	362	While "at-risk" population remained constant from 2001 to 2003, drug law violations per 100,000 declined by 65/100,000 through 2003 and rebounded by 14 through 2005.
		UCR	2002	7299	2,123,725	344	303	
		UCR	2003	6288	2,123,725	296	403	
		UCR	2004	6532	2,123,725	308	482	
		UCR	2005	6593	2,123,725	310	Not available	
Incidents of school crime	Incidents of school crime: Substances	CRVV	2002-03	2,754	557,215	494	Not available	While "at-risk" population rose from 2003 to 2005, school crime from substance use dropped 5 per 100,000.
		CRVV	2003-04	2,648	572,532	463	Not available	
		CRVV	2004-05	2,725	587,136	464	Not available	
	Incidents of school crime: Marijuana	CRVV	2002-03	1,883	557,215	338	Not available	While "at-risk" population rose from 2003 to 2006, school crime from marijuana use fluctuated, ending down 16 per 100,000.
		CRVV	2003-04	1,833	572,532	320	Not available	
		CRVV	2004-05	1,898	587,136	323	Not available	
		CRVV	2005-06	1,794	594,206	302	Not available	
CRVV: NJ Department of Education Commissioner's Annual Report to the Education Committees of the Senate and General Assembly on Violence, Vandalism and Substance Abuse in New Jersey Public Schools								

Table E-5 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime (Continued)								
Incidents of school crime	Prescription drugs and depressants	CRVV	2002-03	162	557,215	29	Not available	The number of school-based incidents involving depressants and prescription drugs decreased after having not changed in the prior three years.
		CRVV	2003-04	162	572,532	28	Not available	
		CRVV	2004-05	166	587,136	28	Not available	
		CRVV	2005-06	132	594,206	22	Not available	
	Inhalants, narcotics, hallucinogens, cocaine, party drugs, amphetamines	CRVV	2002-03	182	557,215	33	Not available	School-based incidents involving the possession/use of drugs other than marijuana and depressants have increased over the past four years.
		CRVV	2003-04	189	572,532	33	Not available	
		CRVV	2004-05	224	587,136	38	Not available	
		CRVV	2005-06	246	594,206	41	Not available	

Table E-6 Substance Abuse Constructs and Indicators: Drug Consequences								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Crime (Continued)								
Possession / use arrests	Total arrests	UCR	2001	39,276	8,504,864	462	Not available	Arrests for possession/use of drugs accounted for 73% of all arrests, and the remaining 27% were for the sale/manufacturing of drugs.
		UCR	2002	39,196	8,576,089	457	Not available	
		UCR	2003	38,644	8,640,028	447	Not available	
		UCR	2004	40,632	8,685,166	468	Not available	
	Opium or cocaine and their derivatives	UCR	2001	17,186	8,504,864	202	Not available	Arrests for opium or cocaine represent 47% of the possession/use category. Overall possession/use arrests for opium or cocaine is on the rise while there is a decline for synthetic narcotic.
		UCR	2002	17,801	8,576,089	208	Not available	
		UCR	2003	17,269	8,640,028	200	Not available	
		UCR	2004	18,966	8,685,166	218	Not available	
	Marijuana and hashish	UCR	2001	19,335	8,504,864	227	Not available	
		UCR	2002	18,631	8,576,089	217	Not available	
		UCR	2003	18,915	8,640,028	219	Not available	
		UCR	2004	18,939	8,685,166	218	Not available	
	Synthetic narcotics	UCR	2001	839	8,504,864	10	Not available	
		UCR	2002	765	8,576,089	9	Not available	
		UCR	2003	608	8,640,028	7	Not available	
		UCR	2004	739	8,685,166	9	Not available	
	Other dangerous non-narcotic drugs	UCR	2001	1,916	8,504,864	23	Not available	
		UCR	2002	1,999	8,576,089	23	Not available	
		UCR	2003	1,852	8,640,028	21	Not available	
		UCR	2004	1,988	8,685,166	23	Not available	
New Jersey Department of Law & Public Safety, Uniform Crime Report								

APPENDIX F
Drug Consumption

Table F-1 Substance Abuse Constructs and Indicators: Drug Consumption								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Any Illicit Drug Use								
Past month drug use	Persons age 12 years and older reporting any use of illicit drugs	NSDUH	1999 - 2000	410,000	6,688,418	6,130	Not available	The curve of reported use per 100,000 in this age group shows a reversal of the direction of change in each succeeding time interval, with an overall upward trend of 1.08% peaking in 2004/2005.
		NSDUH	2000 - 2001	390,000	6,735,751	5,790	Not available	
		NSDUH	2002 - 2003	494,000	7,087,518	6,970	Not available	
		NSDUH	2003 - 2004	490,000	7,142,857	6,860	8,060	
		NSDUH	2004 - 2005	517,000	7,170,596	7,210	8,020	
	Persons age 12 - 17 years reporting any use of illicit drugs	NSDUH	1999 - 2000	59,000	627,660	9,400	Not available	The curve of reported use per 100,000 for 12-17 year olds shows a decline in the second year followed by a peak in 2002/2003 and successive decreases in the last two intervals. The overall trend was upward by 0.24%.
		NSDUH	2000 - 2001	58,000	656,109	8,840	Not available	
		NSDUH	2002 - 2003	75,000	719,770	10,420	Not available	
		NSDUH	2003 - 2004	76,000	737,864	10,300	10,920	
		NSDUH	2004 - 2005	72,000	746,888	9,640	10,250	
	Persons age 18 - 25 years reporting any use of illicit drugs	NSDUH	1999 - 2000	140,000	708,502	19,760	Not available	Reported use for young adults showed a down, peak, down, down trend as for adolescents, with an overall upward trend of 0.69%.
		NSDUH	2000 - 2001	144,000	767,591	18,760	Not available	
		NSDUH	2002 - 2003	169,000	791,199	21,360	Not available	
		NSDUH	2003 - 2004	174,000	815,370	21,340	19,830	
		NSDUH	2004 - 2005	170,000	831,296	20,450	19,760	
	Persons age 26 years and older reporting any use of illicit drugs	NSDUH	1999 - 2000	212,000	5,683,646	3,730	Not available	Reported use for those over 25 years showed a down, up, down, peak trend as for all persons, with an overall upward increase of 1.18%.
		NSDUH	2000 - 2001	188,000	5,164,835	3,640	Not available	
		NSDUH	2002 - 2003	250,000	5,580,357	4,480	Not available	
		NSDUH	2003 - 2004	238,000	5,560,748	4,280	5,600	
		NSDUH	2004 - 2005	275,000	5,600,815	4,910	5,650	
NSDUH (National Survey on Drug Use & Health), Office of Applied Studies, SAMHSA								

Table F-2 Substance Abuse Constructs and Indicators: Drug Consumption								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Population at Risk	National Average Rate	Trend across time and with respect to national data
Drug Use by 7th and 8th Grade Students								
Total drug use by 7th and 8th grade students in NJ	Marijuana lifetime use	MSSUS	1999	7,864	11.8%	174,590	19.2%	Marijuana use has decreased since 1999 and is below the 2002 national average.
		MSSUS	2001	14,646	6.4%	189,322		
		MSSUS	2003	10,730	6.2%	206,079		
	Inhalants lifetime use	MSSUS	1999	7,807	8.0%	174,590	15.2%	Inhalant use has increased from 8% in 1999 to 8.4% in 2003.
		MSSUS	2001	14,507	9.1%	189,322		
		MSSUS	2003	10,704	8.4%	206,079		
	Any illicit drug use, lifetime	MSSUS	1999	7,606	20.7%	174,590	Not available	Illicit drug use has decreased steadily since 1999, by 6.4%.
		MSSUS	2001	14,740	15.6%	189,322		
		MSSUS	2003	10,767	14.3%	206,079		
MSSUS (New Jersey Middle School Substance Use Survey) 2002 Monitoring the Future used for national rate								

Table F-3 Substance Abuse Constructs and Indicators: Drug Consumption								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Population at Risk	National Average Rate	Trend across time and with respect to national data
Drug Use by High School Students								
Total use and early use by youth under 21 years old in New Jersey	Lifetime marijuana use by high school students	YRBS	1995	3,529	39.1%	296,490	42%	Use of marijuana by NJ high school students was less than the national average. Lifetime use has declined slightly as has the national rate.
		YRBS	2001	2,142	41.4%	322,551	42%	
		NJSHS	2005	1,495	35.7%	378,142	38%	
	Use of marijuana before 13 years old	YRBS	1995	3,529	5.0%	296,490	8%	In 2005, early onset of marijuana use returned to its 1995 figure after having nearly doubled in 2001.
		YRBS	2001	2,142	9.2%	322,551	10%	
		NJSHS	2005	1,495	4.6%	378,142	9%	
	Past 30 days marijuana by high school student	YRBS	1995	3,529	24.3%	296,490	25%	Past 30-day marijuana use in New Jersey declined as did the national rate.
		YRBS	2001	2,142	24.9%	322,551	24%	
		NJSHS	2005	1,495	19.9%	378,142	20%	
	Lifetime inhalant use by HS students	YRBS	1995	3,529	19.6%	296,490	20%	Lifetime inhalant use declined over the 10-year period in parallel with the national decline reported
		YRBS	2001	2,142	12.7%	322,551	15%	
		NJSHS	2005	1,495	10.1%	378,142	12%	
YRBS: Youth Risk Behavior Surveillance System								

Table F-4 Substance Abuse Constructs and Indicators: Drug Consumption								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Number of Colleges Surveyed	National Average Rate	Trend across time and with respect to national data
Use of Drugs in College Campus								
Use of marijuana by college students	Marijuana use during the year	CORE	2002	3,462	39.2%	8	Not available	Past year marijuana and other illicit drug use by college students has steadily declined from 2002 through 2006. Weekly marijuana use has also declined in the same time period by almost half (14.1% down to 7.4%)
		CORE	2003	4,570	36.7%	10	Not available	
		CORE	2004	3,312	35.1%	9	Not available	
		CORE	2005	3,702	34.2%	9	Not available	
		CORE	2006	2,301	25.5%	9	Not available	
	Monthly marijuana use	CORE	2002	3,462	23.1%	8	Not available	
		CORE	2003	4,570	21.8%	10	Not available	
		CORE	2004	3,312	18.7%	9	Not available	
		CORE	2005	3,702	18.7%	9	Not available	
		CORE	2006	2,301	13.1%	9	Not available	
	Weekly marijuana use	CORE	2002	3,462	14.1%	8	Not available	
		CORE	2003	4,570	13.4%	10	Not available	
		CORE	2004	3,312	10.8%	9	Not available	
		CORE	2005	3,702	11.2%	9	Not available	
		CORE	2006	2,301	7.4%	9	Not available	
Survey of Social Norms, CORE Institute, Southern Illinois University								continued

Table F-4 Substance Abuse Constructs and Indicators: Drug Consumption								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students)	Number of Colleges Surveyed	National Average Rate	Trend across time and with respect to national data
Use of Drugs in College Campus (continued)								
Frequency of drug use other than marijuana by college students	Other illicit drug use during the year	CORE	2002	3,462	15.00%	8	Not available	Past year illicit drug use has steadily declined by 7.1% over a 5 year period.
		CORE	2003	4,570	12.40%	10	Not available	
		CORE	2004	3,312	10.90%	9	Not available	
		CORE	2005	3,702	10.40%	9	Not available	
		CORE	2006	2,301	7.90%	9	Not available	
	Use other illicit drugs monthly	CORE	2002	3,462	5.2%	8	Not available	Monthly illicit drug use has fallen from 2002 through 2006 by almost 2%.
		CORE	2003	4,570	5.2%	10	Not available	
		CORE	2004	3,312	4.8%	9	Not available	
		CORE	2005	3,702	3.9%	9	Not available	
		CORE	2006	2,301	3.5%	9	Not available	
	Uses other illicit drugs weekly	CORE	2002	3,462	1.5%	8	Not available	About 2% of college students use other drugs on a weekly basis.
		CORE	2003	4,570	1.8%	10	Not available	
		CORE	2004	3,312	1.6%	9	Not available	
		CORE	2005	3,702	1.8%	9	Not available	
		CORE	2006	2,301	1.6%	9	Not available	

APPENDIX G
Other Risk Factors

Table G-1 Other Risk Factors: Non Medical Use of Prescription Drugs								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Past year non-medical use of prescription drugs	12 and older	NSDUH	2002-2004	295,000	7,170,596	4,114	5,200	
	12-17 years old			56,000	746,888	7,498	9,100	
	18-25 years old			91,000	798,246	11,400	14,500	
	25 and older			147,000	5,600,815	2,625	4,400	
Past year non-medical use of pain relievers	12 and older	NSDUH	2002-2003	258,141	7,170,596	3,600	4,790	
	12-17 years old			43,992	746,888	5,890	7,510	
	18-25 years old			88,685	798,246	11,110	11,700	
	25 and older			135,540	5,600,815	2,420	3,200	
	12 and older	NSDUH	2003-2004	283,999	7,170,596	3,961	4,790	
	12-17 years old			45,000	746,888	6,025	7,510	
	18-25 years old			91,000	798,246	11,110	11,700	
	25 and older			147,000	5,600,815	2,420	3,200	
	12 and older	NSDUH	2004-2005	296,000	7,170,596	4,128	4,790	
	12-17 years old			47,000	746,888	6,293	7,530	
	18-25 years old			91,000	798,246	11,400	11,910	
	25 and older			158,000	5,600,815	2,821	3,160	

Table G-2 Other Risk Factors: Tobacco Use by Middle School and High School Students								
Construct	Indicator	Source	Year	Number of Students Surveyed	Prevalence (percent of surveyed students	Population at Risk	National Average Rate	Trend across time and with respect to national data
Tobacco Use								
Tobacco use by middle school and high school students	Tobacco lifetime use middle school grades 7-8	NJYTS	1999	8798	Not available	174,590	Not available	Current use of any tobacco significantly decreased among middle school students from 1999 (18.9%) to 2004 (9.5%).
		NJYTS	2001	5413	32.1%	189,322	Not available	
		NJYTS	2004	2187	25.5%	206,079	Not available	
	Tobacco current use middle school grades 7-8	NJYTS	1999	8798	18.9%	174,590	Not available	Declines seen in youth smoking prevalence on the NJYTS are consistent with trends seen on YRBS over the last several years.
		NJYTS	2001	5413	11.8%	189,322	Not available	
		NJYTS	2004	2187	9.5%	206,079	Not available	
	Tobacco lifetime use high school grades 9-12	NJYTS	1999	7318	Not available	312,428	Not available	There was a significant decline in current use of any tobacco by high school students from 1999 (38.9%) to 2004 (26.8%)
		NJYTS	2001	4176	64.5%	332,427	Not available	
		NJYTS	2004	2390	539.%	364,533	Not available	
	Tobacco current use high school grades 9-12	NJYTS	1999	7318	38.9%	312,428	Not available	
		NJYTS	2001	4176	33.6%	332,427	Not available	
		NJYTS	2004	2390	26.8%	364,533	Not available	
New Jersey Youth Tobacco Survey – Middle School & High School Only past 30 day rates reported in the 1999 NJYTS								

Table G-3 Other Risk Factors: HIV/AIDS								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Mortality and Morbidity								
Mortality	HIV/AIDS death	NJCHS	2001	785	8,612,222	8.8	Not available	
		NJCHS	2002	762	8,695,460	8.5	Not available	
		NJCHS	2003	764	8,640,028	8.6	Not available	
HIV Co-morbidity	HIV and Hepatitis C diagnosis among hospital discharges	NJDHSS	2001	1,184	8,414,350	14.1	Not available	A nearly two-fold increase in the rate per 100,000 of hospital discharges with dual HIV and Hepatitis C diagnoses
		NJDHSS	2003	1,656	8,638,396	19.2	Not available	
		NJDHSS	2005	2,507	8,698,879	28.8	Not available	
	Cumulative AIDS cases with tuberculosis	NJDHSS	2001	2,490	8,414,350	29.6	Not available	
		NJDHSS	2004	2,634	8,638,396	30.5	Not available	
		NJDHSS	2005	2,667	8,698,879	30.7	Not available	
NJ Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services								

Table G-3 Other Risk Factors: HIV/AIDS								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Living with HIV/AIDS								
Estimated number of females living with HIV/AIDS by exposure category	Injection drug use (IDU)	NJDHSS	2000	3,621	4,331,537	83.6	Not available	Significant increase in the number of women with heterosexual exposure to HIV from 2000 to 2005
		NJDHSS	2004	3,555	4,434,784	80.2	Not available	
		NJDHSS	2005	3,414	4,463,026	76.5	Not available	
	Heterosexual contact	NJDHSS	2000	3,732	4,331,537	86.2	Not available	
		NJDHSS	2004	6,927	4,434,784	156.2	Not available	
		NJDHSS	2005	7,063	4,463,026	158.3	Not available	
NJ Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services								

Table G-3 Other Risk Factors: HIV/AIDS								
Construct	Indicator	Source	Year	Number of Cases	Population at Risk	Rate per 100,000 Population at Risk	National Average Rate	Trend across time and with respect to national data
Living with HIV/AIDS								
Estimated number of males Living with HIV/AIDS by exposure category	Male-to-male sex	NJDHSS	2000	4,916	4,082,813	120.4		
		NJDHSS	2004	6,100	4,203,612	145.1		
		NJDHSS	2005	6,263	4,235,853	147.9		
	Injection drug use (IDU)	NJDHSS	2000	6,696	4,082,813	164		
		NJDHSS	2004	6,484	4,203,612	154.2		
		NJDHSS	2005	6,190	4,235,853	146.1		
	Men who have sex with men/IDU	NJDHSS	2000	845	4,082,813	20.7		
		NJDHSS	2004	860	4,203,612	20.5		
		NJDHSS	2005	843	4,235,853	19.9		
	Heterosexual contact	NJDHSS	2000	1,797	4,082,813	44.0		A nearly three-fold increase in the rate per 100,000 of men exposed to HIV through heterosexual contact
		NJDHSS	2004	5,298	4,203,612	126.0		
		NJDHSS	2005	5,499	4,235,853	129.8		
NJ Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services								

Appendix H
Data Sources and Descriptions

The **Behavioral Risk Factor Surveillance System (BRFSS)** is a large telephone survey that is coordinated by the Centers for Disease Control and Prevention (CDC). Each month, state health departments conduct surveys of non-institutionalized adults to obtain data on behaviors associated with increased risk for chronic diseases and other health related factors (CDC, 2005). The BRFSS collects annual data on alcohol and cigarette consumption. In both 1997 and 1999 they also collected information on people driving while intoxicated.

The Core Alcohol and Drug Survey (CORE) was developed under a grant from the U.S. Department of Education and conducted annually by the Core Institute, a not-for-profit organization. The survey is used by universities and colleges to determine the extent of substance use and abuse on their campuses. The survey is now administered by the CORE Institute at Southern Illinois University - Carbondale (SIUC).

Violence, Vandalism and Substance Abuse in New Jersey Public Schools. The Commissioner's Annual Report to the Education Committees of the Senate and General Assembly (CRVV). The Commissioner's report provides the Legislature with data in four broad categories of incidents: violence, vandalism, weapons and substance abuse. Analysis of trends yields indications of progress and of concern and provides guidance to the department as it endeavors to focus its resources appropriately. In this report, the department also notifies the Legislature and the public of the actions taken by the Commissioner, State Board of Education and the Department of Education (DOE) to address the problems indicated in the data.

The **New Jersey Division of Youth and Family Services (DYFS)** collects data on child abuse and neglect that is reported to the National Child Abuse and Neglect Data System (NCANDS), the Children's Bureau, Administration on Children, Youth and Families in the Administration of Children and Youth, U.S. Department of Health and Human Services.

The National Highway Traffic Safety Administration (NHTSA) created the **Fatality Analysis Reporting Systems (FARS)** to collect data on severe traffic crashes nationally. To be included in FARS, a crash must involve a motor vehicle traveling on a road open
to the public, and must result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash (USDOT, 2004). This data includes alcohol-related crash information for crashes involving a fatality.

The Intoxicated Driver Program (IDP) is a unit of the Division of Addiction Services of the New Jersey, Department of Human Services. The IDP receives reports of conviction from the courts and schedules convicted Driving While Intoxicated (DWI) offenders for Intoxicated Driving Resource Center (IDRC) participation. The IDP recommends suspension or restoration of driving privileges as appropriate. The IDP also monitors the compliance of out-of-state residents and residents convicted of DUI out-of-state with the requirements of the law. The IDP is also responsible for oversight of the Intoxicated Driving Resource Centers. This program compiles an Annual Statistical Summary Report on all IDP clients who attend the 12 and 48-hour IDRC education and evaluation sessions.

The **National Survey on Drug Use and Health (NSDUH),** funded by SAMHSA, is data collected via in-person interviews, incorporating additional procedures to ensure respondents' cooperation and willingness to report honestly about their behavior. Confidentiality is stressed in all written and oral communications with potential respondents, respondents' names are not collected with the data, and computer-assisted interviewing (CAI) methods, including audio

computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting in which to complete the interview (SAMHSA, 2003). Data is available in two-year groups about reported substance use, abuse, dependency, and treatment received.

The New Jersey Center for Health Statistics (NJCHS) collects, researches, analyzes and disseminates New Jersey health data and information and serves as a resource to the Department in development of health data policy. produces annual reports of vital events: births, deaths, fetal deaths, and marriages. The agency collects data and prepares reports on induced terminations of pregnancy and health-related behaviors. Ut provides baseline and trend data to measure the impact of public health strategies for disease prevention and health promotion. NJCHS disseminates health insurance coverage data. Maintains the NJSHAD state data query system. It houses the Office of Injury Surveillance and Prevention (OISP) which is the central source for injury statistics and information on injury prevention and control efforts in New Jersey. OISP is also home to several special injury projects such as a central nervous system injury registry and a violent death reporting system. NJCHS responds to requests for state vital events and other health data.

The New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services (NJDHSS) coordinates all State-government activities related to HIV/AIDS. collects, manages, reviews, analyzes, interprets, and disseminates information from HIV/AIDS surveillance activities. These activities include case finding epidemiologic investigations and HIV incidence and behavioral studies. The data containing all the confidential HIV and AIDS case reports from field investigations, health care providers and laboratories is analyzed, interpreted and maintained in the confidential HIV/AIDS registry. Summary reports are disseminated through the HIV/AIDS semi-annual summaries.

The New Jersey Middle School Substance Use Survey (MSSUS) is conducted by DAS bi annually to provide scientifically sound information to state-level, county-level and community-level prevention planners and policy makers. It is administered to 7^{th} and 8^{th} graders in New Jersey. It assesses the current prevalence of both problem behaviors related to alcohol, tobacco and other drug (ATOD) use and other delinquent behaviors in the surveyed population, as well as the degree to which risk and protective factors exist in the community, family, school and peer and individual environments.

The **Treatment Episode Data Set (TEDS)**, compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA), is an annual compilation of data on substance abuse treatment events (admissions and discharges) that are routinely collected by states in monitoring their individual substance abuse treatment systems. It includes, primarily, information on clients admitted to programs that receive public funds (SAMHSA, 2005). This is one of the only sources of data on substance abuse admissions and therefore an important source, but it is not an exhaustive report, and not all cases are reported.

The Uniform Crime Report (UCR) is an annual report completed by the FBI to look at crime happening at a national and state level. The FBI provides local agencies with a classification guide so that they can report crime happening in their area in a standardized way, and this data can be compiled by the national government. Arrest data was examined from these reports.

The New Jersey Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort administered by the Federal Bureau of Investigation. Law enforcement agencies throughout New Jersey voluntarily submit data to the State Bureau of

Investigation on specific crimes committed in their areas of jurisdiction. The state of NJ then produces an annual report on the collected data, called the NJ Annual Crime Report. This source includes specific information on drug law offenses in the state.

The Youth Risk Behavior Survey (YRBS) is another large survey conducted by the CDC, of 9th to 12th graders in United States high schools. The survey is conducted every other year to obtain information on priority adolescent health issues including unintentional injury, violence, tobacco use, and alcohol and drug use (CDC, 2004). This data set was an effective way to ascertain state and national data on teen behavior.

New Jersey Student Health Survey (NJSHS) is a survey administered to high school and middle school students by the New Jersey Department of Education (NJDOE).The survey questions are based on the Youth Risk Behavior Survey (YRBS) which is one component of the Youth Risk Behavior Surveillance System.

The New Jersey Youth Tobacco Survey (NJYTS) is based on The Centers for Disease Control and Prevention's (CDC) National Youth Tobacco Survey (YTS) to provide states with the data necessary to support the design, implementation, and evaluation of comprehensive tobacco control programs, including state population-based estimates of the prevalence of tobacco use among middle and high school students. This report focuses on current patterns of tobacco use among New Jersey youth. The NJYTS was first conducted in 1999 and was repeated in 2001, 2004 and 2006.

GCADA Objectives and Strategies

Under the direction of the Planning Committee of the Governor's Council on Alcoholism and Drug Abuse, the subcommittees of the GCADA annually develop sets of objectives and strategies that focus the Council's work and collaborative efforts for the upcoming year. The Council believes the work of the subcommittees is consistent with the "ground up" approach to planning envisioned by the Council's mission, vision, core beliefs and goals. Utilizing the strategic planning process adopted by the Council in 2002, the GCADA's subcommittees continue to develop comprehensive objectives and strategies.

The Council Chairman, Joseph P. Miele, is deeply appreciative of the effort made by all committee and subcommittee chairs and co-chairs. The Master Plan is possible only through the dedication of our volunteers and members of the Council involved in the planning process.

The following objectives and strategies for 2008 were developed by the Alliance/Prevention Committee, the Criminal /Juvenile Justice Subcommittee, the Legislative Subcommittee and the Treatment Subcommittee.

2008 Alliance Committee Objectives

Objective #1:

To increase the Alliance Committee's effectiveness in order to better influence the planning and coordination of the state's efforts to prevent alcoholism, drug addiction, and abuse of tobacco and other substances.

Strategies:

- Maintain a speaker's list regarding alcohol, tobacco and other drug prevention services categorized by topic such as alcohol, drug use, tobacco, gang violence, etc.
- Provide a list of suggested statewide organizations, agencies and clubs for municipal and county Coordinators to contact in order to network and raise awareness of Municipal Alliance activities.

Objective #2:

Educate legislators about the benefits of prevention that addresses alcohol, tobacco and other drug addictions and abuse affecting the residents of New Jersey.

Strategies:

- Work collaboratively with GCADA's various committees to educate legislators concerning the importance of promoting the benefits of alcohol, tobacco and other drug prevention. (ongoing)

Objective #3:

Promote programs for older adults, focusing on the "baby boomer" generation, that foster resiliency to prevent the abuse of alcohol, tobacco, medications and other drugs.

Strategies:

- Promote resources identified through the DAS Older Adult Think Tank including educational materials and other media, with an emphasis on New Jersey based programs and potential leaders for education and training. (ongoing)
- Continue the process of working with professional organizations focused on serving older adults to encourage the development of programs to foster resiliency in their constituencies. (ongoing)
- Recommend a prevention presentation topic for the Municipal Alliances through a workshop/demonstration at the GCADA Summit 2008.

Objective #4:

Promote programs for youth and young adults that foster resiliency to prevent alcoholism, drug addiction and the abuse of tobacco, medication and other substances.

Strategies:

- Recommend a prevention presentation topic for the Municipal Alliances through a workshop/demonstration at the GCADA Summit 2008.
- Continue the process of working with associations and professional organizations that have a focus on primary prevention services for youth and young adults in order to encourage collaboration and the development of programs to foster resiliency in their constituencies. (ongoing)

2008 Criminal/Juvenile Justice Subcommittee Objectives

Objective #1:

To increase throughout the State the interaction between drug courts and municipal Alliances through educational forums held in collaboration with each county alliance and the drug courts.

Strategies:

- Continue dialogue and open discussions for planning purposes with organizations such as the municipal Alliances, Division of Addiction Services, community treatment providers, members of the recovering community and members of the criminal/juvenile justice subcommittee.
- Organize and hold six presentations during the year in consultation and collaboration with drug courts throughout the county and state.

Objective #2:

To increase knowledge base of criminal justice and juvenile justice officials, treatment providers, appropriate legislators, and other social service and mental health professionals on issues related to substance abuse.

Strategies:

- Provide support and sponsor training with Greater Newark Safer Cities Initiative and Greater Camden Safer Cities Initiative. Work towards having those trainings provide educational credit hours from the Addiction Professional Certification Board and Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners.
- Through invitation allow various state and community agencies, and other organizations with an interest to attend the Criminal/ Juvenile Justice Subcommittee meeting to present an overview of their respective duties and responsibilities relative to alcohol and drug addiction prevention and treatment. Prepare fact finding reports of the presentation for networking and sharing of vital programs and resources. Consider the feasibility of providing a publication of available resources generated from presentational reports.

Objective #3:

To identify efficient community resources and services available statewide that will assist the offender in his/her effort to achieve a more positive, productive and long-standing re-entry.

Strategies:

- Identify those community resources throughout the State of New Jersey that provide re-entry services for correctional offenders. Determine by networking, research and informational presentations, the methods and procedures necessary for accessing employment, housing, medical care and education/vocational training opportunities. Develop a survey to determine the effectiveness of the dissemination of information among the NJDOC offender population and those offenders participating in community halfway houses and other pre-release programs.

2008 Legislative Subcommittee Objectives

Objective #1:

Increase GCADA's awareness and knowledge about legislative activity related to alcohol, tobacco and other drug abuse, to assist the Council in making an informed decision whether to support, oppose or take no action on a bill and/or recommend legislation.

Strategies:

- Identify and track legislation related to alcohol, tobacco and other drug abuse on a weekly basis.
- Review and research related legislation, formulate policy recommendations, draft resolutions of support or opposition, and present recommendations to the Council for adoption.
- Establish appropriate measures to initiate and draft recommended legislation.
- Continue distribution of related public policy information to Council members.
- Sponsor presentations at two regular Council meetings in 2007 on public policy issues.

Objective #2:

Notify stakeholders as may be appropriate of positions endorsed by the full Council on proposed legislation related to alcohol, tobacco and other drug abuse.

Strategies:

- Ensure the timely distribution of the Council's actions on policy and legislative positions to the administration, legislature, Alliance coordinators, substance abuse professionals and other stakeholders.
- Monitor, recommend and take further actions to educate stakeholders regarding the Council's position on legislation (i.e. press releases, legislative testimony, communication with legislative committee chairs and staff, etc.)
- Ensure the Council's official position on legislation is included in certain GCADA publications and presentations.

Objective #3:

Educate legislators and other public policy decision makers about alcohol, tobacco and other drug abuse issues.

Strategies:

- Sponsor an event, such as the Day of Advocacy, at the State House in coordination with other subcommittees of GCADA, other state agencies and constituent groups.
- Continue to send GCADA publications to legislators and public policy decision makers.
- Encourage advocacy teams and ongoing advocacy efforts.

2008 Treatment Subcommittee Objectives

Objective #1

Increase knowledge base of treatment professionals on the topics of substance abuse and provide networking opportunities to promote professional development.

Strategies

- Support and/or organize workshops and trainings at the GCADA Summit, and other local or regional presentations for treatment professionals based on need linking treatment and prevention.
- Conduct a survey to assess the success of these trainings.

Objective #2

Educate public policy makers and other stakeholders about addiction, treatment, prevention, and recovery services in New Jersey to include information on the continuum of care, identifying gaps between systems and covering all developmental stages and special populations e.g. older adult etc. populations.

Strategies

- Co-sponsor an event with GCADA's legislative subcommittee at the Statehouse to educate legislators about issues regarding access and barriers to individuals seeking treatment.
- Develop a strategy that emphasizes and supports the concepts of recovery. Support the proposed recovery campaign which will be launched by the Partnership for a Drug Free New Jersey in early 2006.
- Continue to maintain and distribute an updated Directory of Statewide Addiction Treatment Resources.

Objective #3

Educate GCADA members about the barriers to accessing treatment services, emphasizing the extensive waiting lists for those individuals seeking treatment.

Strategies

- Make quarterly presentations at Governor's Council meetings with an emphasis on types of treatment, need for additional treatment resources, and gaps in the continuum of care.

Objective #4

Improve collaboration between the Alliances and treatment providers in each county

Strategies

- Schedule meetings with representatives from the Alliances and treatment providers to enhance awareness of substance abuse issues and increase opportunities for collaboration.

ADMINISTRATIVE OFFICE OF THE COURTS

AOC Mission Statement: The AOC is an independent branch of government constitutionally entrusted with the fair and just resolution of disputes in order to preserve the rule of law and to protect the rights and liberties guaranteed by the Constitution and laws of the United States and this State.

Drug Court: The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts are a highly specialized team process within the existing Superior Court structure that addresses nonviolent drug-related cases. They are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals.

Criminal Practice Division

ADULT CRIMINAL DRUG COURT

The Adult Drug Court is operational in all of New Jersey's 21 counties. The Administrative Office of the Courts and the Division of Addiction Services entered into a Cooperative Agreement to manage the treatment component of the program's funding. The adult drug courts are an alternative to incarceration for a vast majority of participants who would have otherwise been sentenced to a term in New Jersey State Prison.

The program targets the criminal offender who has an addiction, and who has been charged with a non-violent, drug-driven offense. Following application, defendants are legally reviewed by the Prosecutor's Office in the county of the offense to determine their legal eligibility under statutory requirements. Offenders also complete a comprehensive assessment with a TASC (Treatment Assessment Services for the Courts) Evaluator employed by the courts to determine if treatment for chemical dependency is indicated. Once accepted into the program, a referral for treatment at an appropriate level of care is made in collaboration with the treatment providers designated by the Division of Addiction Services for drug court, including long term residential, short term residential, halfway houses and intensive outpatient.

Drug court programs are rigorous, requiring intensive monitoring by probation services. Requirements include frequent drug testing and court

appearances, along with tightly structured regimens of treatment and recovery services. This level of supervision permits the program to support the recovery process, but also allows the drug court program staff to react swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceedings when participants cannot comply with the program.

Between July 2006 and June 2007, 1,180 offenders were sentenced to drug court. As of June 2007, there were 2,876 active drug court participants. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: $ 10.6 Million for Judiciary Staff/Operating Expenses

$ 20.6 Million for Drug Court Treatment

Funding Source: State of NJ, Special Purpose Funding

Family Practice Division

JUVENILE DRUG COURT

Currently, there are four Juvenile Drug Courts; they are in the Camden, Hudson, Mercer and Passaic Vicinages. Juvenile Drug Courts serve as a more effective way to deal with juvenile offenders who have drug-dependent problems. The drug courts serve as a diversion from the formal court process for some cases and also as an alternative to incarceration in state juvenile correctional facilities. They provide an intermediate sanction between probation and state correctional facilities as well as better treatment outcomes for juveniles with alcohol and drug-related problems. Juvenile drug courts allow intensive supervision for at-risk adolescents who are surrounded with community and court services. To date, the four Juvenile Drug Courts have served a total of 957 juveniles; 61 juveniles are currently enrolled in the Juvenile Drug Court Program; 236 juveniles have graduated from the program; and 15 drug-free babies have been born to the female drug court clients.

The general purpose of the Juvenile Drug Courts is to reduce recidivism, which creates a safer community; to allow juveniles to be alcohol and/or drug free, which will enable them to go back into, or continue, attending school or to become employed; to alleviate detention overcrowding; to implement effective case processing measures; to provide services for

family members; and, to heighten community awareness of substance abuse.

Funding Amount: The Camden, Hudson and Passaic Vicinages were operating under grants from OJP/BJA which have since expired. The Mercer Vicinage had an implementation grant from OJP/BJA which ended on July 31, 2006. Their Juvenile Drug Court Re-Entry Program was operating under an enhancement grant from OJP/BJA. That grant funding ended on July 31, 2007.

FAMILY DEPENDENCY DRUG TREATMENT COURT

There are two pilot Family Drug Courts in the Morris-Sussex and Essex Vicinages. The Family Drug Court's goals are to help parents become abstinent from alcohol and drugs, maximize and balance child safety and permanency while preserving family integrity and functioning, and increase retention of parents in major services mandated and provided by the Family Drug Court. The Family Drug Court results in much closer monitoring for parents involved in child abuse and neglect cases. The program is expected to result in a higher percentage of reunifications of affected families, and increase the chance for parents to successfully remain drug-free and to ultimately provide a better life for their children.

To date, the Family Drug Courts in the Morris-Sussex Vicinage have served a total of 41 clients; there are 9 clients currently enrolled; there have been 13 graduates; and one drug-free baby born to one of the Family Drug Court clients. The Family Drug Court in the Essex Vicinage has admitted 24 clients into their Drug Court Program; they currently have 21 clients being served; and they anticipate 5 clients will graduate before the end of the year.

Funding amount: The Family Drug Court in the Morris-Sussex Vicinage, which was implemented in April 2004, is funded by a grant from the Robert Wood Johnson Foundation in the amount of $347,584, with a match amount of $148,484. That grant was scheduled to expire in August 2007 but has been extended to June 30, 2008. Currently the Essex Vicinage Family Drug Court is not funded by any grant.

Criminal, Family and Probation Divisions

TREATMENT ASSESSMENT SERVICES FOR THE COURT

Working within all 21 counties, the Criminal Division's Treatment Assessment Services for the Courts (TASC) professional evaluators interview defendants, subject them to urine screening to identify current drug use, and prepare drug assessments or reports for criminal and drug court judges, detailing drug abuse histories, identifying treatment needs and recommending counseling at appropriate drug and alcohol treatment centers when support is needed to overcome addiction. Substance abuse evaluators interview defendants charged with drug and property offenses to determine the extent of their involvement with addictive drugs. This program is also resourceful to judges when determining appropriate community support systems for defendants who are being released from jail. Failure to complete treatment may result in sanctions, including bail or probation revocation with a loss of liberty.

The Family Division's Treatment Assessment Services for the Courts (TASC) are professional evaluators located in Bergen, Essex, Hudson, Monmouth, Morris/ Sussex and Passaic. The evaluators interview juvenile offenders and adult litigants to identify current drug use, and prepare drug assessments or reports for family part judges, detailing drug abuse histories, identifying treatment needs and recommending counseling at local drug and alcohol treatment centers when indicated. This program is very helpful to judges in determining appropriate case dispositions. TASC Evaluators in the Probation Division provide substance abuse assessment services to probationers in Mercer and Essex counties.

Between July 2006 and June 2007, approximately 10,000 individuals were evaluated for alcohol / drug treatment services. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: Other

Funding Source: State of NJ

DEPARTMENT OF CHILDREN AND FAMILIES

Intervention

Division of Youth and Family Services

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE

Serves families involved with the Division of Youth and Family Services (DYFS) by providing substance abuse assessment, drug screening, treatment referrals, case management, and support services to parents/caregivers referred for substance abuse or suspected substance abuse. The service population presents an array of challenges including poverty, homelessness, mental illness, and post trauma, in addition to substance abuse. Services are available through three statewide contract provider agencies. The initiative allows substance abuse specialists to be assigned to and based in each local DYFS office in the state to provide on-site services to families, and consultation and education to staff on matters related to substance abuse.

The Department of Human Services' Division of Family Development (DFD) and DYFS are collaborating to promote and coordinate substance abuse services for families who exceed the 250% Federal Poverty threshold and are not an active welfare case. The funding commitments are set forth in a Memorandum of Understanding between the two Divisions.

Service Information: Data from the period from July 2005-June 2006 indicates that 13,624 clients were referred to the initiative by DYFS staff. Of these clients, 8,808 were assessed 5,626 met the DSM IV criteria, and 2,372 clients entered various levels of treatment. The instruments used to screen clients include the ASI-F, ASAM Patient Placement Criteria. The DYFS 11-46 referral form that includes background information on clients from the DYFS caseworker's safety and risk assessment interview is also used.

Funding Amount and Source: The program has multiple funding sources through State and Federal appropriations.

Funding breakdown: **NCCAN – $526,000(Federal)**
Title IV-B FPSS – $200,500 (Federal)
Special Appropriation = $2.1 Million (State)
DFD – $6 Million (State)

Total Funding: **$8.9 Million**

Treatment

Division of Youth and Family Services

CHILD WELFARE REFORM PLAN/ADOLESCENT TREATMENT

This Child Welfare Reform Plan Initiative provides a coordinated network of specialized substance abuse treatment services in licensed facilities targeted to adolescents with first priority to those under the supervision of the Division of Youth and Family Services (DYFS). Services include long-term residential treatment that provide a structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays to support and promote recovery. Thirty beds are available for adolescents to receive these services. Intervention focuses on reintegrating into the greater community with emphasis on education and vocational development.

One hundred and six (106) slots are available to adolescents needing variable levels of care in outpatient settings. These services include individual, group and family counseling and include access to support services. Joint case planning and case conferencing between the DYFS caseworker and the treatment provider are an essential component to this initiative.

Funding Amount and Source: $2.7 Million (State)

CHILD WELFARE REFORM PLAN/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Women with Children Initiative provided for the expansion of existing DAS substance abuse treatment services for women and their children under the supervision of DYFS. This initiative provides residential (residential treatment services are provided for a minimum of six (6) months to include a woman with an average of two (2) children), outpatient variable level of care and methadone outpatient variable level of care treatment. First priority is given to referrals made by the Child Protection Substance Abuse Initiative (CPSAI) drug abuse counselor located in the local DYFS offices following the established protocol. Second priority is given to self-referrals ("walk-ins") or referrals made by various sources (Probation, court, other providers, etc.) of women who are under DYFS supervision. Third priority is given to eligible women with dependent children who are in need of treatment and not under DYFS supervision. All priorities include pregnant women. Treatment is family-centered and is both gender and trauma-specific. Substance abuse treatment and other therapeutic interventions are provided to address issues of domestic violence, sexual and physical abuse, relationships and parenting. These services are enhanced with case management, childcare, transportation, and referrals to services in the community. DYFS keeps all cases that are participating in this

initiative open for the duration of treatment, and its ultimate goal is the reunification of these families.

Funding Amount and Source: $7.8 Million (State)

AHS HOSPITAL CORPORATION

This program provides substance abuse assessments, examinations and urinalysis for families under DYFS supervision in Morris County.

Funding Amount and Source: $965 (State)

HUNTERDON PREVENTION RESOURCES

This program provides substance abuse assessments and urinalysis in-home the home of the client or in the Hunterdon DYFS office for families under DYFS supervision residing in Hunterdon County.

Funding Amount and Source: $13,000 (State)

TRINITAS HOSPITAL

This program provides substance abuse assessments, case management support and treatment referrals for families under DYFS supervision in Union County.

Funding Amount and Source: $55,000 (State)

JOHNSON ASSOCIATES

This program provides substance abuse evaluations and urinalysis for families under DYFS supervision in Essex County.

Funding Amount and Source: $ 413,000 (State)

ATLANTIC COUNTY "TRY-IT" PROGRAM

This program provides outpatient substance abuse treatment services to Atlantic County adolescents 19 years and under referred by the DYFS District Office.

Funding Amount and Source: $58,000 (State)

NEW HOPE FOUNDATION

This program provides inpatient adolescent residential substance abuse treatment facilities located in Secaucus (males & females) and in Marlboro

(males only). This program serves adolescents statewide who are under DYFS supervision.

Funding Amount and Source: $ 1.1 Million (State)

CAPE COUNSELING SERVICES

This program provides outpatient substance abuse counseling services. This program is for adolescents under DYFS supervision in Cape May County.

Funding Amount and Source: $4,800 (State)

RECOVERY SERVICES – LIGHTHOUSE

This program provides residential in-patient substance abuse treatment for adolescents who are Atlantic County residents under DYFS supervision.

Funding Amount and Source: $13,000 (State)

CUMBERLAND COUNTY ALCOHOL TREATMENT SERVICES

This program provides outpatient substance abuse counseling to Atlantic County resident adults referred by the DYFS District Office.

Funding Amount and Source: $70,000 (State)

VINELAND RESIDENTIAL TREATMENT CENTER (DYFS)

This program provides substance abuse treatment, prevention, education and individual counseling to adolescents under DYFS supervision who are residents of the center.

Funding Amount and Source: $16,000 (State)

EWING RESIDENTIAL TREATMENT CENTER (DYFS)

This program provides substance abuse treatment, prevention, education and individual counseling to adolescents under DYFS supervision who are residents of DYFS Vineland Residential Treatment Center.

Funding Amount and Source: $16,000 (State)

SERVICES TO OVERCOME DRUG ABUSE IN TEENS (S.O.D.A.T.)

This program provides outpatient substance abuse treatment to Salem County adolescents referred by the DYFS District Office.

Funding Amount and Source: $21,000 (State)

OPTIONS COUNSELING CENTER

This program provides outpatient substance abuse treatment to families residing in Passaic County under DYFS supervision.
Funding Amount and Source: $1,400 (State)

EPIPHANY HOUSE

This program provides substance abuse treatment for families under the supervision of DYFS or referred by a DYFS District Office. The program serves families statewide.

Funding Amount and Source: $26,000 (State)

THE COMMUNITY YMCA

This program provides outpatient substance abuse treatment, rehabilitation, group counseling and psychological assessment to families residing in Monmouth County referred by the DYFS District Office.

Funding Amount and Source: $113,000 (State)

COUNSELING AND REFERRAL SERVICES, INC.

This program provides outpatient substance abuse assessment and treatment services for adults and adolescents residing in Ocean and Monmouth Counties referred by the DYFS District Office.

Funding Amount and Source: $104,000 (State)

MERCER STREET FRIENDS

This program provides family reunification support and parenting education to at risk families or families who have experienced the removal of minor child or children by DYFS. Services are provided at the facility and in Mercer County's DYFS Office.

Funding Amount and Source: $72,000 (State)

OCEAN MENTAL HEALTH SERVICES

This program provides outpatient substance abuse and mental health treatment services for families under DYFS supervision in northern Ocean County.

Funding Amount and Source: $35,000 (State)

SAINT FRANCIS COMMUNITY CENTER

This program provides support for recovering substance abusers, psycho educational supports and parenting groups.

Funding Amount and Source: $26,000 (State)

FAMILY GUIDANCE CENTER OF WARREN

The program provides outpatient substance abuse assessments, treatment referrals, substance abuse education and counseling services for families under DYFS supervision.

Funding Amount and Source: $11,000 (State)

NEW BRUNSWICK COUNSELING CENTER

This program provides outpatient substance abuse assessments, treatment referrals, counseling, drug screening and psychological evaluations for families under DYFS supervision in Middlesex County.

Funding Amount and Source: $8,800 (State)

CATHOLIC CHARITIES (Mercer)

This program provides outpatient substance abuse urinalysis and treatment referrals, individual and group counseling for families under DYFS supervision in Mercer County.

Funding Amount and Source: $37,000 (State)

DEPARTMENT OF COMMUNITY AFFAIRS

The Division of Community Resources' RFP and reporting formats were revised and data is no longer tracked by information and referrals. The funding is the FFY' 08 funding levels provided through the Community Service Block Grant (CSBG) program administered by the Division.

Intervention and Referral Information

Division of Community Resources

ATLANTIC HUMAN RESOURCES

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over 11 thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Atlantic and Cape May counties. The majority of clients are African-American, female, age 55 and older.

Funding Amount: $389,939

Funding Source: Federal

BAYONNE ECONOMIC OPPORTUNITY FOUNDATION

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: 551 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Hudson county. The majority of clients are Caucasian, female and age 24 to 54 years.

Funding Amount: $75,802

Funding Source: Federal

BERGEN COUNTY COMMUNITY ACTION PROGRAM

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over sixteen thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Bergen County. The majority of clients are white or Hispanic, female, ages 24 and up.

Funding Amount: $455,724

Funding Source: Federal

BURLINGTON COUNTY COMMUNITY CAP

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over five thousand Caucasian, African-American, white, Hispanic and other clients were served from Burlington County. The majority of clients are African-American, female, ages 24 and up.

Funding Amount: $212,762

Funding Source: Federal

CAMDEN COUNTY OFFICE OF ECONOMIC OPPORTUNITY

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over seven thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Camden County. The majority of clients were African-American, female, age 17 & under and 24 to 44 years.

Funding Amount: $563,312
Funding Source: Federal

CHECK MATE, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over one thousand Caucasian, African-American, Hispanic, Asian and other clients were served from Monmouth County. The majority of clients are African-American, female, ages 24 – 44.

Funding Amount: $357,902

Funding Source: Federal

COUNTY OF UNION

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: The clients served are from Union County.

Funding Amount: $393,400

Funding Source: Federal

HOBOKEN ORGANIZATION AGAINST POVERY AND ECONOMIC STRESS, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over one thousand seven hundred Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Hudson County. The majority of clients are Hispanic, female and are age 55 & over.

Funding Amount: $111,709

Funding Source: Federal

JERSEY CITY, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over fourteen thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Hudson County. The majority of clients are African-American and Hispanic females.

Funding Amount: $440,451

Funding Source: Federal

NORTH HUDSON COMMUNITY ACTION CORPORATION

This agency provides intervention and referral services, which include assessment, counseling as well as referrals to treatment and health programs.

Service Information: Over 66 thousand high, medium and low-income Caucasian, African-American, Hispanic and Asian clients were served from Bergen, Essex and Hudson counties. The majority of clients are Hispanic, female and under the age of 6 and between the age of 24 and 44 years.

Funding Amount: $388,476

Funding Source: Federal

COMUTE DE APOYO A LOS TRABAJADORES AGRICOLAS

The agency offers substance abuse information and referrals to treatment programs as part of outreach services.

Service Information: One hundred and thirty low-income, Hispanic clients were served from Atlantic, Camden, Cumberland, Gloucester and Salem counties. The majority of clients were male, age 18 – 44 years.

Funding Amount: $36,356

Funding Source: Federal

NEW JERSEY ASSOCIATION ON CORRECTIONS

This agency provides information and referral regarding ATOD services for clients and family members.

Service Information: Three hundred and thirty eight low-income Caucasian, African-American, Hispanic and other clients were served. The majority of clients are African-American, male and were between the ages of 25 – 44 years.

Funding Amount: $97,878

Funding Source: Federal

NORWESCAP

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Three hundred and fifty one Caucasian, African-American, Hispanic, Asian and other clients were served from Hunterdon, Morris, Sussex and Warren counties. The majority of clients were Caucasian, female and were age 17 & under and 24 - 44 years.

Funding Amount: $323,598

Funding Source: Federal

OCEAN, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services; it also provides case management service to include ATOD referrals.

Service Information: Over 9,000 Caucasian, African-American, Hispanic and Native American clients were served. The majority of clients are African-American, female and were age 25-54 years.

Funding Amount: $363,769

Funding Source: Federal

PATERSON TASK FORCE, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Six thousand two hundred Caucasian, African-American, Hispanic and Asian clients were served from Passaic County. The majority of clients are African-American, female, and were age 11 & under and 30-45.

Funding Amount: $304,039

Funding Source: Federal

SOMERSET, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 700 Caucasian, African-American, Hispanic, Asian and other clients were served from Somerset County. The majority of clients served are Hispanic, female and were under the age of 6 and between the ages of 24 – 44 years.

Funding Amount: $112,040

Funding Source: Federal

TRI-COUNTY ACTION CORPORATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over 80 thousand Caucasian, Africa-American, Hispanic, Asian, Native American and other clients were served from Cumberland, Gloucester and Salem counties. The majority of clients are African-American, female and were age 18 & under.

Funding Amount: $449,995

Funding Source: Federal

UNITED COMMUNITY CORPORATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 8,000 Caucasian, African-American, Hispanic and other clients were served from Essex County. The majority of clients were African-American, female, and were age 30-45 years.

Funding Amount: $932,966

Funding Source: Federal

UNITED PASSAIC ORGANIZATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 1,500 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Passaic County. The majority of clients are Hispanic, female and were under 18 years old or between the ages of 40-64 and 24 - 44 years.

Funding Amount: $129,332

Funding Source: Federal

UNITED PROGRESS, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 3,000 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Mercer County.

The majority of clients are African-American, female and were age 24 – 54 years old.

Funding Amount: $317,449

Funding Source: Federal

Center for Hispanic Policy Research And Development

NORTH HUDSON COMMUNITY ACTION CORP.- IMMIGRATION AND NATURALIZATION PROGRAM

This agency provides essential immigration and naturalization services along with specific assistance to area residents to facilitate access to social services and/or to maintain eligibility.

Service Information: *Immigration (INS)*: Over 1,754 low-income Caucasian, Hispanic, Asian, and other clients served from Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Sussex and Union counties. The majority of clients were Hudson County residents, Hispanic, female and were age 30-45.

Social Service Access (food stamps, welfare, social security, Catholic Community Services, PACO): Almost 5,119 low-income Caucasian, African-American, Hispanic, Asian and other clients were served from Hudson County. The majority of clients are Hudson County residents, Hispanic, female and were age 30-45 and 46-64 years.

Funding Amount: $89,000

Funding Source: State

CURA – YOUTH WORK READINESS PROGRAM

This agency provides Hispanic adolescents, age 14-15 years, with job training to help them become aware of career opportunities and establish goals to prepare them for the future job market.

Service Information: Twenty-five Hispanic male clients were served from Camden, Cumberland, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic and Union counties. The majority of clients were from Passaic and Hudson counties.

Department Comments: Grantees are not required to report on clients by program types, outcome measures, # of people on waiting lists and types of agencies to which referrals are made.

Funding Amount: $75,000
Funding Source: State

Division of Housing

Shelter Support Program

The purpose of the Shelter Support Program (SSP) is to assist units of local government and nonprofit organizations to provide safe and sanitary shelters and transitional housing for the homeless and to purchase equipment and furnishings that will provide direct benefits to the shelter's residents. The SSP is committed to programs that are targeted for victims of domestic violence, youth between 18-21 years of age, individuals leaving jail and specialized population such as the mentally ill, persons with HIV/AIDS and those with alcohol/substance abuse. The funding for this program has been reduced and a projection for the number of agencies to be funded is not available at this time.

DEPARTMENT OF CORRECTIONS

Department/Agency Mission Statement: The mission of the New Jersey Department of Corrections is to ensure that all persons committed to the state correctional institutions are confined with the level of custody necessary to protect the public and that they are provided with the care, discipline, training, and treatment to prepare them for reintegration into the community.

Treatment Information

Division of Programs and Community Services

OFFICE OF DRUG PROGRAMS

NJ DEPARTMENT OF CORRECTIONS IN-PRISON THERAPEUTIC COMMUNITY SUBSTANCE USE DISORDER TREATMENT PROGRAM

In the Therapeutic Community (TC) model, substance abuse/ dependence is viewed as a disorder of the whole person, one that necessitates extensive changes in lifestyle and self-identity to overcome the negative affect of chemical dependency. The treatment is designed to equip the resident with requisite coping skills and techniques to assist him/her to reintegrate successfully into society and to remain drug/alcohol free. In general, most residents spend nine (9) to twelve (12) months in a prison-based Therapeutic Community (TC) program. However, in some situations a resident may require a longer stay depending on their rate of treatment progress as well as other relevant factors with respect to their capacity to remain void of substances upon societal reintegration. Institutional matriculation is the first phase of the substance use disorder treatment continuum.

Service Information: This program serves incarcerated individuals who have been identified as having a substance use disorder. Recommendations for treatment placement are made based on a number of factors inclusive of (1) assessment of the offender's level of drug/alcohol abuse, (2) treatment need, (3) criminal history, and (4) other key elements that contributed to the offender's criminal deviance that led to substance abusing behavior. Offenders with the most severe addiction issues that meet the Department's treatment eligibility criteria are referred to one of the prison-based Therapeutic Community (TC) Programs.

The New Jersey Department of Corrections (NJDOC) allocates a total of 1,414 beds (1,354 male, 60 female), distributed among ten (10) programs located in eight (8) correctional institutions. Five hundred forty-one (541) allocated beds service the youth population who are between the ages of 18 to 26 years, and

the remaining eight hundred and seventy-three (873) beds service the population aged 26 and above, inclusive of the female population. Additionally, treatment services are delivered to the following counties: Burlington, Camden, Cumberland, Essex, Hunterdon and Mercer.

Outcome Measures - outcome data is collected and reported as needed and/requested. The Office of Drug Programs receives daily and monthly bed fill statistics from the several programs and monitors vacancy rates on a periodic basis. The complete Addiction Severity Index (ASI) assessment is administered to all residents admitted to the program and random inmate urinalysis are conducted throughout the entire program experience. A part of this random selection includes testing of residents upon entry to and exit from program treatment. The program provides at least twenty (20) hours of treatment per week for each resident.

The average length of time an inmate is placed on the waiting list(s) varies from institution to institution and is contingent upon the rapidity of inmate matriculation. However, conservatively it is less than six months.

Funding Amount: $5.100 million

Funding Source: Federal and State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS ALTERNATIVE SUBSTANCE ABUSE AWARENESS AND EDUCATION PROGRAM – LIVING IN BALANCE (LIB)

The Living In Balance (LIB) program is a research-based program designed as a practical instructional system for conducting treatment sessions with individuals who abuse or are addicted to alcohol and other drugs of abuse. The LIB Component is used as an alternative to the traditional TC concept and is designed to provide addiction education and relapse prevention techniques for that segment of the inmate population who are ineligible for Therapeutic Community (TC) treatment placement based on the department's established criteria.

The Living in Balance program is delivered through a variety of interactive client worksheets in which each client worksheet constitutes a living in balance program session. The programmatic design is structured in a manner that requires reading and retaining information and that is evidenced via written exercises geared toward reinforcement and retention of substance abuse education and preventive measures.

The LIB schematic structure is divided into twelve core client worksheet sets, representing twelve core client sessions. These sessions encompass basic addiction terminology, substances of abuse, triggers and relapse prevention techniques, the co-relation between sex and substances of abuse, and

emotional components of addiction and recovery. Also, there are twenty-one supplemental components that focus on self-help and twelve-step program facilitation, stress reduction techniques, social and family issues, compulsive sexual behaviors, grief and loss, as well as other topics that impact and/or influence abusive or relapse behavior.
Upon completion of the LIB Program, participants are issued a certificate program completion. A centralized file of all participants completing the program is maintained. The pilot program was implemented at Northern State Prison in Newark, New Jersey and currently is on-going at the Edna Mahan Correctional Facility for Women.

Plans are to implement the LIB program throughout our correctional institutions to the inmate population identified as having a substance use disorder, but are ineligible for the traditional therapeutic community construct. The LIB program has a strong message regarding relapse education and prevention and as such will afford this category of inmate the opportunity to address their drug behavior and subsequent criminal lifestyles. Further, the LIB program is a unique means that can be offered to those offenders found guilty of violating the Department's zero-tolerance policy.

The duration of the LIB Program is twelve weeks and the waiting list varies based on bed fill.

Funding Amount: -0- Program operating with existing staff resources

Funding Source: State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS MUTUAL AGREEMENT PROGRAM

Mutual Agreement Program (MAP) is a formal cooperative agreement between the New Jersey Department of Corrections (NJDOC) and the Department of Human Services (DHS) that offers substance abuse services via state-licensed, residential community-based agencies throughout New Jersey. for community based treatment of inmates. Currently, the Mutual Agreement Program contracts with four (4) community-based substance abuse treatment facilities.

In order to receive inmates for treatment placement via the Mutual Agreement Program, these agencies must hold the requisite licensure granted by the Department of Human Services and must comply with the conditions established by the New Jersey Department of Corrections and the Department of Human Services.

Service Information: Inmates who participate in MAP must be approved for community release by meeting such requirements as: be in full minimum custody status, obtain medical and psychological clearance and cannot have any non-permissible warrants, detainers or open charges. Additionally, MAP placements

are usually of six month duration, and upon completion thereof further treatment is provided via place in a residential halfway house facility or paroled.

Conceivably, the predominant MAP client population is male; however, females from the women's institution are also eligible for participation. MAP contract agencies are located in Essex, Mercer and Passaic counties. Program duration is 180 days/6 months. Current total bed capacity is forty (40).

Outcome Measures - the Department is planning to examine the effectiveness of all Mutual Agreement Programs by data collection indicators such as recidivism, relapse and employment of program graduates. Program evaluation and assessment of activities to ascertain adherence to stated policies as well as the accomplishment of goals is facilitated through the submittal of required reports of the contracted agency.

Funding Amount: $1 million

Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY-BASED PROGRAM HALFWAY HOUSE FACILITIES

In addition to the two (2) Assessment and Treatment Centers (see below), the Department of Corrections contracts with private agencies for
2,585 beds in 23 residential community release programs throughout the State. Many of these programs provide substance abuse awareness and relapse prevention services, while others provide employment and/or educational services. These programs are highly structured and closely supervised so as to assure the highest levels of accountability by and for the offender population.

Service Information: Candidates eligible for participation in Residential Community Programs-Halfway House and Treatment Facilities are inmates who are approved for community release and have successfully completed the assessment process. Additionally, they must be of full minimum custody status, have medical clearance, receive a favorable psychological evaluation, satisfactory institutional adjustment, and have less than 18 months remaining toward the completion of their maximum sentence or parole eligibility. For those identified as having a significant substance use disorder, this assignment typically represents the third phase of treatment and is designed to build on the prison-based TC continuum step-down as well as Assessment Center exposure.

The population served is predominantly male (1,733 male, 212 female for a total complement of 1,945 beds). The average program duration is approximately seven (7) months. The programs are located in Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Passaic and Union counties.

Outcome Measures - the Office of Drug Programs, in consort with other relevant Departmental offices, develops appropriate training for facility staff on an ongoing/as needed basis in areas of drug/alcohol treatment, inmate accountability and urine monitoring. To this end, an examination of the effectiveness of Halfway House programs is conducted via a number of mechanisms. Most significant to the measurement of program effectiveness is data collection with respect to recidivism, relapse and employment of program graduates. In addition, on-site program observation and monitoring is on-going in order to assure programmatic compliance as mandated by Department of Corrections' policies and procedures, rules and regulations.

The number of inmates on the waiting list varies from month to month based on the classification process, but is minimal.

Funding Amount: $25 million

Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY BASED PROGRAMS – ASSESSEMENT CENTERS

All male and female inmates, once approved for community release, must matriculate through the Assessment Center prior to assignment to a Halfway House. These Centers conduct a comprehensive battery of risk/ need assessments to determine community readiness, community placement, and to substantiate continued substance use disorder treatment needs or support services initially identified by prison-based treatment professionals. In the furtherance of service-need identification, the centers also administer various tests and/or evaluations to ascertain offender social service needs (education, employment, housing and medical).

Service Information: The offender must meet the requirements for community release as established by the Department of Corrections in order to move from the institution to the Assessment Center. These requirements are consistent with and the same as those required for halfway house consideration. For those inmates identified as having a significant substance use disorder, this assignment designed to build on the prison-based Therapeutic Community continuum experience so as to further prepare the offender for community reintegration, represents the second phase of substance use disorder continuum.

This program serves 722 males and 77 females (capacity) from two locations and the duration is one (1) to three (3) months. Inmates who remain less than three months are usually those who are paroled prior to the three month completion requirement.

Outcome Measures - the Department is planning to examine the effectiveness of both Assessment Centers by reviewing indicators such as recidivism, relapse and employment of program graduates. In addition, an ongoing assessment will be conducted through the review of required programmatic reports submitted by the contract vendor to determine whether stated goals are accomplished.

The number of inmates on the waiting list varies from month to month based on the classification process, but is minimal.

Funding Amount: $21 million

Funding Source: State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS ALTERNATIVE PROGRAMMING SUBSTANCE ABUSE AWARENESS AND EDUCATION PROGRAM –

PROJECT INSIDE - SUBSTANCE ABUSE EDUCATION AWARENESS AND INFORMATION INITIATIVE

The Project Inside Substance Abuse Education Awareness and Information Initiative is a collaborative between the Offices of Drug Programs and Educational Services. It is a college-level program that specifically targets offenders twenty six years of age and under. The pilot was implemented in January, 2007 at the Garden State Youth Correctional Facility. It is a college level program that is structured into three components as follows: Component I Addiction – Identification and Definition; Component II – Commonly Used Street Drugs (especially those prevalent in New Jersey); Component III – Drugs and the Brain. This is a thirty-six hour presentation of six week duration, two hours (2 hrs.) per week, twelve hours (12 hrs.) of independent study and homework assignments, and twelve hours of Journal documentation.

Service Information - the program is geared toward the youthful offender (26 years and under) enrolled in the Project Inside College Program. Moreover, it is designed to provide preventive education and information so as to circumvent future drug involvement whether usage or sales that further gravitates into criminality.

Upon completion of the program, the inmate is presented a Certificate of Completion. The goal of this initiative is to impart research-based educational information with respect to the negative affects of drugs and addiction to the youthful offender so as to plant preventive concepts that might attenuate any future substance abusing behavior that leads to criminal behavior. Additionally, it is the aim of the Office of Drug Programs to provide a diversity of programming for inmates who do not meet criteria for the traditional therapeutic community constructs. In this regard, the Substance Abuse Education Awareness and Information Initiative is viewed as beneficial toward institutional/community

release requirements of program participation. It is also an alternative method of offering preventive education to those offenders found guilty of violating the Department's zero-tolerance policy.

Outcome Measures – the Office of Drug Programs is maintaining a current list of program completions for follow-up comparative analysis as these inmates are released to determine the existence of recidivism.

At this juncture there is no waiting list as inmates are selected based on their matriculation in the Project Inside College level program.

Funding Amount: $3,000 and operating with existing staff resources

Funding Source: Federal and State of New Jersey Resources

ENGAGING THE FAMILIES – (Parenting and Substance Abuse Initiative)

The New Jersey Department of Corrections was one of a few states selected by the U.S. Department of Health and Human Services' to participate in a pilot that seeks to promote responsible fatherhood. Hence, the grant awarded will support the project entitled "Engaging the Family in the Recovery Process - An Innovative Approach for the Max-Out Offender." The program focuses on underserved population, specifically those who will max-out (complete their sentence) while still incarcerated. This is a pilot construct designed to reconnect and strengthen families upon the offender's reintegration into society.

Service Information – The program is designed to engage the spouse and/or children of offenders in dialogue and activities geared toward ending the criminal and subsequent addictive lifestyle of the offender and their loved ones. The overall goal of the program are threefold: (1) to strengthen marriage and family relationships of the incarcerated offender, (2) enhance the well-being of children of incarcerated fathers and (3) motivate and prepare incarcerated fathers to maintain a lifestyle abstinent of drugs so as to attenuate further gravitation toward criminality. To this end, case managers will develop treatment goals and a treatment plan with the offender prior to release.

The uniqueness of this initiative is centered on integrating the constructs of drug treatment, specifically the Living in the Balance Program (LIB) into parenting workshops. Utilizing research-based education and information, the offender and family is exposed to a reinforcement of parenting skills, knowledge and techniques geared toward strengthening the family bond. This exposure culminates with the case manager establishing specific links to social and drug treatment services in preparation for release. Additionally, the case manager will continue to be a resource to the ex-offender and the family upon societal reintegration as it relates to referral and networking resources.

Outcome Measures – As part of the grant, the N.J.D.O.C. has contracted with the College of New Jersey to conduct a process and outcome evaluation. The New Jersey project is also under final consideration to b3e part of a national outcome evaluation. To this end, the Office of Drug Programs will maintain requisite data with respect to those offenders participating in the program, completing the programs and co-relate this information with those who recidivate. Additionally, ODP will work in consort with relevant agencies both internal and external to the Department, to ascertain the offender's success as it relates to maintaining family ties as well as to abstain from subsequent drug involvement.

Because the target population involves "max-out" offenders, the duration of the program is approximately six months (6 mos.) duration.

Since this is a pilot, the initial focus has been on identifying eligible offenders; it is anticipated that as the program progresses, a waiting list will generate. Its size is yet to be determined as the waiting list will consist only of offenders who are within six months of release from incarceration.

Funding Amount: $372, 000

Funding Source: Federal and State of New Jersey Resources

DEPARTMENT OF EDUCATION

Department/Agency Mission Statement: The New Jersey State Board of Education, in collaboration with the Department of Education, establishes policy and provides leadership in the development of exceptional learning opportunities for New Jersey's public school students for the purpose of enabling them to obtain a superior education.

Strategic Goals:

1. To ensure that student assessment is integral to the teaching and learning of subject matter as presented in the Core Curriculum Content Standards (CCCS).

2. To ensure that student performance at all levels is enhanced through the participation in exceptional educational programs or activities.

3. To provide effective literacy instruction to all public school students with the objective that all students meet grade appropriate language arts and mathematics standards as defined in the Core Curriculum Content Standards.

4. Expand and improve the pool of qualified teachers and administrators. Prepare teachers to effectively teach both the child and the subject.

Prevention Information

DIVISION OF STUDENT SERVICES

FEDERAL SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES ACT FORMULA GRANTS TO ALL LOCAL EDUCATIONAL AGENCIES

The capacity for local school response to behavioral, social-emotional and health problems is supplemented by federal funding provided specifically for school substance abuse and violence prevention activities. Under the federal *Safe and Drug-Free Schools and Communities Act* (SDFSCA) program, $6.9 million dollars were provided through the New Jersey Department of Education (NJDOE) to local districts in formula funds for this purpose in 2006-2007. The SDFSCA (Title IV, Part A of the No Child Left Behind Act) is the NJDOE's sole source of funding dedicated to support all local educational agencies (i.e., school districts, charter schools, private, non-profit schools) in New Jersey in the development, implementation and evaluation of comprehensive programs and activities which are coordinated with other school and community-based services and programs, and that are designed to: (1) foster safe and drug-free

learning environments (grades K-12) that support academic achievement; (2) be consistent with the Principles of Effectiveness, per Section 4115(a)1 of Title IV, Part A; (3) prevent or reduce violence, the use, possession and distribution of illegal drugs, and delinquency; and create a well-disciplined environment conducive to learning, which includes consultation between teachers, principals and other school personnel to identify early warning signs of drug use and violence and to provide behavioral interventions as part of classroom management efforts; and (4) include activities which promote the involvement of parents in the activities or programs; promote coordination with community groups and coalitions and government agencies and distribute information about the local education of agency's needs, goals and programs funded under Title IV, Part A. School district applications for these formula funds are submitted as part of the No Child Left Behind Act (NCLB) – Consolidated Formula Sub grant to foster coordination and effective use of NCLB and other school resources.

Service Information: The target population served was all public and nonpublic school students in New Jersey in grades K-12 (ages 5-17). The number served was 672,616 (277,964 ages 12 and under and 394,652 between 13 and 19 years of age), in 21 counties*.

**Indicates services provided in FY06.*

Funding Amount: **$6,921,590 (includes $821,009 in Carry Forward Funds)**

Funding Source: **Federal**

DRUG ABUSE EDUCATION FUND PROJECT

Per the provisions of *N.J.S.A*. C.2C:43-3.5 and *N.J.S.A.* C.54A:9-25.12 et seq., a Drug Abuse Education Fund (D.A.E.F.) was established from portions of taxpayer-designated refunds and penalties assessed against individuals adjudicated or convicted of certain crimes. The resources accumulated in the fund are appropriated annually to NJDOE for distribution to non-governmental entities for the use of law enforcement personnel in providing drug abuse education to students in grades K-12 on a statewide basis. Under the appropriation for these statutory provisions, the NJDOE issued funds to D.A.R.E. New Jersey, Inc. for the fifth year of services for the 2006-2007 school year.

Service Information: The target population is students in grades K-12.

Funding Amount: **$250,000**

Funding Source: **State**

PEER TRANSITIONS PROJECT

This project is a cooperative initiative between the New Jersey Department of Education (NJDOE) and the Division of Addiction Services (DAS), New Jersey Department of Human Services (NJDHS). Funds are provided to NJDHS to reduce factors that place students at risk for substance abuse and other negative behaviors by establishing and maintaining a system of support for middle school students as they transition to high school. Peer educators provide students with information and facilitate discussions on issues (e.g., substance abuse prevention, avoiding gangs, bullying prevention, coping) that will help students make successful transitions to high school. The program utilizes and builds upon the existing Middle School Peer Leadership Network established by DAS in cooperation with the NJDOE, the Department of Law and Public Safety and the Governor's Council on Alcoholism and Drug Abuse. In the seventh and final year (2006-2007) of the project, a "best practices" manual for establishing and sustaining effective peer transitions programs will be developed and disseminated to all school districts and regional trainings will be provided on program implementation.

Service Information: The target population was middle grade students. There were 17,500 freshmen served, and 2,500 juniors and seniors served as peer leaders.

Funding Amount: **$200,000**

Funding Source: **Federal**

POSITIVE STUDENT DISCIPLINE REFORM DEMONSTRATION PROJECT

The purpose of this cooperative initiative between the New Jersey Department of Education (NJDOE) and the Violence Institute of New Jersey (VINJ) at the University of Medicine and Dentistry of New Jersey (UMDNJ) is to assist the NJDOE in administering, implementing and evaluating a research-based approach to school safety, including student discipline and positive student development, in three New Jersey school districts. The goal of the project is to create safety and order in participating schools without unnecessarily excluding students. The project involves the implementation of comprehensive and science-based safety and discipline policies and practices that include prevention, intervention, referral and continuity of care programs, services and activities that maximize supportive school responses to student concerns and minimize the use of student exclusion from school as a disciplinary tool. In project year one (2003-2004), all three districts completed needs assessments, provided orientations for district staff and developed program plans in consultation with a representative group of school and community members. In project year two (2004-2005), the participating districts began implementing program plans, including the provision of leadership trainings for administrators and selecting and implementing comprehensive frameworks to support programs currently in place. In project year three (2005-2006), participating schools began full implementation and refinement of program plans. In the

fourth and final year (2006-2007) of the project, VINJ provided ongoing consultation and technical support for implementation and sustainability of project initiatives and completed project research and evaluation.

Service Information: The target population is school staff working in three participating districts. District participation and activity began in FY04, though program development and administrative work under the project began in FY03. A total $45,000 is made available to reimburse schools for program-related expenses.

Funding Amount: **$345,000**

Funding Source: **Federal**

SOCIAL NORMS PROJECT

This cooperative initiative between the NJDOE and the Center for Addiction Studies, Rowan University is designed to use established social psychological principles concerning the influence of group norms on individual behavior to reduce student alcohol, tobacco and other drug use in ten participating high schools and bullying, harassment and intimidation behavior in eight participating middle schools. The project is based on the research literature and the successful implementation of the social norms approach in New Jersey colleges by the New Jersey Higher Education Consortium. The project was initiated in the 2005-2006 school year and continued in the 2006-2007 school year.

Service Information: The target population for the project is ten high schools and eight middle schools representing all three regions (i.e., north, central, south) of the state, and in diverse settings (i.e., urban, suburban, rural). All schools will benefit from the dissemination of the findings from the project.

Funding Amount: **$361,755 (pro-rated over 2005-2007)**

Funding Source: **Federal**

DEVELOPING SAFE AND CIVIL SCHOOLS: A SOCIAL AND EMOTIONAL LEARNING INITIATIVE

Reports of the research literature document that when social-emotional and academic learning both become part of schooling, students are more likely to remember or use what they are taught and are less likely to engage in high-risk behavior. In response to these important findings, the NJDOE is collaborating with Rutgers University and the Collaborative for Academic and Social and Emotional Learning to implement a project intended to assist participating school staff in fully integrating social-emotional learning throughout the

educational program and organizing existing resources, programs and services to create strong social and emotional learning conditions. The intent is to result reduce at-risk student behavior, develop positive learning climates and improve academic performance among students in participating schools. The project was initiated in the 2005-2006 school year and continued through the 2006-2007 school year.

Service Information: The primary target population for the project is low-performing non-Abbott school districts, which are given first opportunity to participate in the initiative before other school districts are invited to participate. Twenty four school districts participated in the project.

Funding Amount: **$250,000**

Funding Source: **Federal**

TITLE IV-A AND UNSAFE SCHOOL CHOICE OPTION TRAINING AND TECHNICAL ASSISTANCE PROJECT

This cooperative initiative between the NJDOE and the Center for Applied Psychology, Rutgers University is designed to assist the NJDOE in fulfilling the statutory requirements of Title IV-A (the SDFSCA) and the Unsafe School Choice Option (Title IX, Part E, Subpart 2, Section 9532) of the No Child Left Behind Act. The project assists the NJDOE by increasing its capacity to provide schools and NJDOE staff with technical assistance, training services and support for resource development for the successful implementation of the requirements under Title IV-A and the Unsafe School Choice Option (USCO) Policy. The assistance and supportive resources are provided to schools utilizing federal Title IV-A funds and schools determined by the NJDOE to be persistently dangerous or in early warning status and special services schools identified under the USCO Policy. The project was initiated in the 2005-2006 school year and continued through the 2006-2007 school year.

Service Information: All school districts and nonpublic schools accepting or benefiting from Title IV-A funds and schools identified under the USCO Policy as either PDS or EWS and NJDOE staff who provide support to schools for Title IV-A and the USCO Policy.

Funding Amount: **$500,000**

Funding Source: **Federal**

HARASSMENT, INTIMIDATION AND BULLYING

To assist school districts in developing the required harassment, intimidation and bullying policies, the authorizing statute (*N.J.S.A.* 18A:37-13 et seq.) required the New Jersey Department of Education (NJDOE) to develop and issue a model policy applicable to grades kindergarten through twelve. The NJDOE's model policy was developed and disseminated in December 2002 and revised in April 2006 and again in April 2007. The model policy and guidance can be found at: http://www.state.nj.us/njded/parents/bully.htm. Regulations (*N.J.A.C.* 6A:16-7.9) regarding harassment, intimidation and bullying were adopted by the State Board of Education in August 2005 and readopted in September 2006 as part of the readoption of N.J.A.C. 6A:16, Programs to Support Student Development. The NJDOE coordinated with the Office of Bias Crimes and Community Relations, New Jersey Department of Law and Public Safety on a conference on cyber-bullying in October 2006.

Service Information: The target population is staff and students in all public school districts.

Funding Amount: **Not available**

Funding Source: **State**

VIOLENCE AWARENESS WEEK

The NJDOE provided guidelines and information to local boards of education for use in planning the activities that are required (*N.J.S.A.* 18:36-5.1) in observance of the week for each year the requirement has been in effect, beginning in September 2004. The guidelines can be found at: http://www.state.nj.us/njded/students/safety/violence.htm.

Service Information: The target population is staff and students in all public school districts.

Funding Amount: **Not available**

Funding Source: **State**

PUBLIC HEARINGS ON VIOLENCE AND VANDALISM

For each year the requirement (*N.J.S.A.* 18A:17-46 and *N.J.A.C.* 6A:16-5.2 and 5.3) has been in effect, the NJDOE has provided guidelines and information to local boards of education for complying with the statute, beginning in September 2004. The guidelines can be found at the following website: http://www.state.nj.us/njded/students/safety/violence.htm.

Service Information: The target population is all communities and public school districts.

Funding Amount: **Not available**

Funding Source: **State**

NEW JERSEY CENTER FOR CHARACTER EDUCATION

In 2002, New Jersey was one of only five states to receive a four-year federal grant award under the Partnerships in Character Education Program (Title V, Part D of the No Child Left Behind Act). Under this grant, New Jersey created the New Jersey Center for Character Education (NJCCE) at the Center for Applied Psychology in the Graduate School of Applied and Professional Psychology at Rutgers, The State University. The creation of the NJCCE provided the leadership necessary to take New Jersey's character education effort to a new level by providing guidance for schools to adopt programs and strategies that have been proven to be effective. Through a no-cost grant extension, the NJDOE continued to provide professional development activities and project evaluation offered by the NJCCE which were initiated during the 2005-2006 school year.

Service Information: The target population is 10 demonstration school districts and all public and nonpublic school districts, as requested.

Funding Amount: **$17,600**

Funding Source: **Federal**

PARTNERSHIPS IN CHARACTER EDUCATION PROGRAM

Building upon the accomplishments under the 2002-2006 Federal Partnerships in Character Education Program (PCEP) grant, the NJDOE plans to continue its efforts through a second, recently awarded Federal PCEP grant. Beginning in the 2006-2007 school year, this four-year, $2.7 million grant program enables the NJDOE to fully incorporate character education into the mainstream of changes that are occurring in school-based curriculum standards and student services by: 1) increasing the capacity of New Jersey school systems to implement and sustain social-emotional and character development programs in the context of current state reform efforts; and 2) evaluating the impact of sustain social-emotional and character development programs on the social inclusion of students with disabilities, a population of students that previous efforts have not adequately addressed.

Service Information: The target population is 12 demonstration school districts and all public school districts, as requested.

Funding Amount: **$511,759**

Funding Source: **Federal**

MEMORANDUM OF AGREEMENT BETWEEN EDUCATION AND LAW ENFORCEMENT OFFICIALS

The Attorney General and the Commissioner of Education have issued a *Uniform State Memorandum of Agreement between Education and Law Enforcement Officials since 1988*. Sections of the memorandum revised in 1999 include information on weapons offenses, bias crimes and sexual harassment and continues to include guidance regarding substance abuse issues. Requirements for the memorandum are set forth in the subchapter of administrative code, *Law Enforcement Operations for Substances, Weapons and Safety* (*N.J.A.C.* 6A:16-6). The memorandum, which is reviewed and signed annually by local and county education and law enforcement officials, forms the basis for sharing information between education and law enforcement representatives and sets parameters for law enforcement investigations. The Attorney General's Education and Law Enforcement Working Group has recommended revisions to the memorandum to make it consistent with new statutes and regulations and to clarify and update issues and procedures, as appropriate. It is anticipated that the revised memorandum will be disseminated in 2007-2008. The model memorandum of agreement can be found at: www.state.nj.us/lps/dcj/pdfs/agree.pdf.

Service Information: The target population is all public school districts and local law enforcement agencies and participating nonpublic schools.

Funding Amount: **Not available**

Funding Source: **State**

NEW JERSEY STUDENT HEALTH SURVEY

In 2004-2005, the NJDOE conducted the bi-annual New Jersey Student Health Survey (NJSHS) among a sample of public school students. This survey, which is based on the Youth Risk Behavior Survey sponsored by the United States Centers for Disease Control and Prevention (CDC), asks students to self report on their actions and attitudes in six areas that are highly related to preventable, premature injury or illness. Concerning alcohol, tobacco, marijuana and other drug use, the survey includes questions on: age of first use, 30-day use and lifetime use, use on school property, sale of drugs, and perceived harm. Concerning violence, the survey includes questions on: carrying a weapon, carrying a gun, having been in a physical fight, having personal property stolen or damaged at school, having been hit by a boyfriend or girlfriend, having been forced to have sex and trying to commit suicide. Some questions are asked every other survey administration. The findings are used by state agencies for planning, program assessment and federal reporting. Reports of findings are distributed to school staff and published on the NJDOE Website. The spring 2007 survey of the NJSHS was administered in to a random sample of 1,670 students in

grades 9-12 in 29 high schools. The results of the 2007 survey will be available in spring 2008. It is anticipated that survey information for grades 7-8 will be obtained from the PRIDE survey administered by the Division of Addiction Services, New Jersey Department of Human Services and the Youth Tobacco Survey administered by the New Jersey Department of Health and Senior Services.

Service Information: The targeted population for the project was schools, serving students in grades 8-12, identified in the statewide sample.

Funding Amount: **$212,000**

Funding Source: **Federal**

ELECTRONIC VIOLENCE, VANDALISM AND SUBSTANCE ABUSE REPORTING SYSTEM

Pursuant to *N.J.S.A*. 18A:46 and *N.J.A.C.* 6A:16-5.3, school staff who witness or who have knowledge of an incident of violence, vandalism or substance abuse must file a report of the incident with the school principal and the district must annually report all incidents to the New Jersey Department of Education (NJDOE). The Commissioner of Education is required to annually report all incidents to the Legislature and the Governor. In addition, the superintendent of the district is required to provide a summary of all such incidents annually at a public hearing, pursuant to *N.J.S.A*. 18A:36-5.1.

The Commissioner's report provides the Legislature with data in four broad categories of incidents: violence, vandalism, weapons and substance abuse. This report also notifies the Legislature and the public of the actions taken by the Commissioner, the State Board of Education and the NJDOE to address the problems indicated in the data. The Commissioner's report to the Legislature as well as on-line reports of school, district and state summary data from the EVVRS are available at http://www.state.nj.us/njded/schools/vandv/index.html.

For the past eight years, school districts have been recording their incidents of violence, vandalism and substance abuse over the Internet on the Electronic Violence and Vandalism Reporting System (EVVRS) accessible through http://homeroom.state.nj.us/**.** To promote consistency in reporting, the NJDOE, in conjunction with the New Jersey Network (NJN), is producing a program in DVD format that will assist in bringing districts in line with one another in their interpretation of incident definitions (i.e., in what to report over the EVVRS). The 17-minute program explains the purpose and operation of the EVVRS and dramatizes the kinds of incidents that should be reported on the system. Together with a revised set of incident definitions and scenarios, the video will encourage uniformity in the application of standards for reporting.

Service Information: The targeted populations reported were: 1) student offenders of violence, vandalism or substance abuse and 2) victims (staff and students).

Funding Amount: **Not available**

Funding Source: **Federal**

SCHOOL EMERGENCY AND CRISIS PLANNING, RESPONSE AND RECOVERY

School Safety and Security Checklist Audits - The New Jersey Department of Education (NJDOE) has administrative and program management responsibilities for overseeing the School Safety and Security Checklist (SSSC) and Data Base. The checklist was developed with input from the Department of Law and Public Safety and the audits were conducted by local law enforcement and the New Jersey State Police in cooperation with school administrators. The data base contains the 2005 results of these on-site safety and security audits of all school buildings in New Jersey conducted by law enforcement and school officials. The results of the audits are confidential and are not deemed a public record under the provision of the N.J.S.A. 47:1A-1 et seq. or the common law concerning access to public records.

Based on the analysis of the data from over 3,400 SSSC audits, the NJDOE implemented a comprehensive training plan designed to provide direct technical assistance to public and nonpublic schools and provided on-site consultation on request. These efforts supported the development and implementation of best practices and corrective actions for safety and security vulnerabilities. The database has been modified to permit local school administrators to periodically update their 2005 SSSC audits in order to inform the state of how they have enhanced school security or addressed a particular deficiency identified during the previous audit. Local school administrators will continue to update their data during in 2007-2008. The department will continue to analyze audit information to define training goals and inform new school safety and security policies and practices.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: **$24,328**

Funding Source: **State and Federal**

School Safety and Security Manual: Best Practices Guidelines - To assist districts in developing and enhancing school safety and security plans, as mandated under N.J.A.C. 6A:16 5.1, the *School Safety & Security Manual: Best Practice Guidelines* was revised and made available electronically to all chief school administrators of public and nonpublic schools in January 2007. The manual is posted on a secure website that requires an access password. The information contained within the *School Safety & Security Manual: Best Practice Guidelines* is confidential and is not deemed to be a public record under N.J.S.A. 47:1A-1 et seq. or the common law concerning access to public records.

Communication with other state agencies and infrastructure sectors and feedback from school staff who used the manual to develop their comprehensive school safety and security plans informed the revisions. The manual's content was expanded to include information on gang awareness, communication protocols, pandemic and continuity planning, and the four phases of crisis planning. One section of the manual is dedicated to conducting a behavioral threat assessment, which is intended to increase the abilities of school officials to assess and prevent behaviors of concern, including illegal gang activity, at all stages of identification. In addition, the manual includes a detailed narrative of the National Incident Command System, which is to be used as the organizing system for crisis response, and an overview of responses and strategies for each type of weapon and chemical, biological, and radioactive agent.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: **$37,760**

Funding Source: **State and Federal**

School Security Website - To assist schools in enhancing school safety and security and to align with Governor Corzine's SAVE: Strategic Actions for Violence Elimination, a new school security initiative, the department developed a school security website. The new website is dedicated to providing school security information to students, school officials and parents, but will prove to be a valuable resource to all members of the public. Currently, the website provides information about trainings, regulations, funding opportunities and other safety and security issues. It also provides a mechanism for school and district staff to request technical assistance from the department. In the fall of 2007, the website will be expanded to include health-related links, frequently asked questions, and information on, and links to, programs that are vital to a school's recovery following a violent incident or other emergency. The new web site, which was launched in January 2007, can be found at: http://www.nj.gov/njded/schools/security/.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: **Not available**

Funding Source: **State and Federal**

Homeland Security Grant - The New Jersey Department of Education (NJDOE) was awarded a Homeland Security grant from the New Jersey Department of Law and Public Safety for the 2005-2007 school years. Funding from this grant is being used to support two key school safety and security goals. The first goal is to increase the critical infrastructure protection of school facilities and school staff and students by identifying and reducing vulnerabilities, preventing acts of terrorism and other traumas and maximizing response to and recovery from terrorism, sudden traumatic loss and other emergencies and crises. The second goal is to provide training and technical assistance services to school staff for the efficient and effective response to terrorism, sudden traumatic loss and other emergencies and crises.

The NJDOE hired two safety and security planners under the grant and reassigned a state-funded position to coordinate and provide supportive services to schools for the planning, coordination and maintenance of safety and security for students, staff and school facilities. These dedicated positions provide technical support to school staff for the implementation of the best practices described in the *School Safety and Security Manual: Best Practices Guidelines.* Additionally, they address priority safety and security needs of schools identified by the NJDOE, in cooperation with the Domestic Security Preparedness Task Force (DSPTF), through the review of baseline data provided on the *School Safety and Security Checklist (SSSC)* by school and law enforcement officials. These NJDOE staff also assess school safety and security needs based, in part, on continuous analysis of the SSSC data. These staff conduct school site visits, provide direct technical assistance to schools statewide and provide statewide, regional and local training to educators on school safety and security issues. NJDOE staff also collaborate with the Office of the Attorney General, the Office of Emergency Management, the Office of Homeland Security and Preparedness, the State Police, and other state, county and local agencies, as well as other critical infrastructure sectors identified by the DSPTF for the statewide coordination of services designed to support school safety and security.

Service Information: The targeted population was each public and non-public school building and school administrators.

Funding Amount: **$172,750**

Funding Source: **State and Federal**

Domestic Security Preparedness Task Force - In response to the terrorist attacks on September 11, 2001, the Governor created the Domestic Security Preparedness Task Force, pursuant to P.L.2001, ch. 246, the Domestic Security Preparedness Act, which is chaired by the Office of Homeland Security and Preparedness and includes representatives from appropriate state agencies. The Infrastructure Advisory Committee – School Sector – made a recommendation to revise the publication titled *School Safety and Security Manual: Best Practices Guidelines*. The revised manual was disseminated to all chief school administrators as a secure document in January 2007. The revised manual incorporates information on topics such as site-specific vulnerability assessments, the incident command system, crisis response, target hardening/mitigation measures, communication protocols and planning for gang awareness and pandemic influenza. In addition, the manual has been designed to follow the phases of crisis planning, and includes executive summaries for chapters and checklists.

In support of the *School Safety and Security Manual,* interdepartmental meetings, including representatives from the department, Office of the Attorney General, State Police, Office of Homeland Security and Preparedness, state and county offices of emergency management, county prosecutors, county superintendents of schools and other state agencies, focus on identifying and assessing emerging needs regarding safety and security. Additionally, key stakeholders are meeting to develop and disseminate the minimum requirements for district's school safety and security procedures.

Service Information: The targeted population was all public and nonpublic school buildings and school administrators.

Funding Amount: **Not available**

Funding Source: **State and Federal**

Governor's School Security Task Force **-** In October 2006, Governor Jon S. Corzine announced the creation of a School Security Task Force to evaluate security measures at New Jersey schools and bring together state, county and local government officials as well as members of the education and law enforcement communities. The department works with the Attorney General's Office and the Office of Homeland Security and Preparedness, responsible for chairing the task force, to provide key technical assistance and guidance in response to policy development for school safety and security. The members of the task force include county prosecutors, county superintendents, public school district chief school administrators, nonpublic school officials, New Jersey Education Association representatives, Department of Children and Families

representatives, fire department officials, State Police officials and municipal law enforcement officials, all playing important roles.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: **Not available**

Funding Source: **State and Federal**

Governor's Public Safety Plan-Delinquency Prevention Subcommittee - The New Jersey Department of Education is assisting in the development of the Governor's Public Safety Plan by participating on the Delinquency Prevention Subcommittee and the committee at large. This multi- level, multi-agency initiative is identifying mechanisms for prevention, intervention, enforcement and re-entry to help reduce the criminal behavior of youth, including substance abuse and gang-related activities. It is anticipated that the Governor's Crime Plan will be announced in the fall of 2007.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: **Not available**

Funding Source: **State and Federal**

DIVISION OF EDUCATIONAL PROGRAMS AND ASSESSMENT

CORE CURRICULUM CONTENT STANDARDS

New regulations (*N.J.A.C*. 6A:8) for Core Curriculum Content Standards (CCCS) in Comprehensive Health and Physical Education were adopted by the State Board of Education on April 7, 2004. The CCCS in Comprehensive Health and Physical Education (CHPE) contain specific indicators under Standards 2.3 (Alcohol, Tobacco and Other Drugs), 2.1 (Health Promotion and Disease Prevention - wellness concepts and skills), 2.2 (Personal, Interpersonal and Life Skills - health enhancing personal, interpersonal and life skills) and 2.4 (Human Sexuality and Family Life – physical, emotional and social aspects of human relationships and sexuality) that require public schools to teach substance abuse and violence prevention skills, including media resistance, peer pressure resistance, peer leadership, problem-solving, conflict resolution and stress management. Topical strands infused in each of the CCCS in CHPE help teachers locate specific content and skills related to substance abuse and violence prevention skills. The standards are further defined by progress indicators at grades two, four, six, eight and twelve.

The Curriculum Framework for Health and Physical Education (1999), which can be found at **http://www.state.nj.us/njded/frameworks/chpe/index.html**, includes 140 suggested sample lessons for educators to use to address topics related to violence prevention and positive social and emotional development.

The New Jersey CCCS in CHPE provide an age-appropriate and culturally sensitive focus that helps students develop the knowledge and skills that lead to healthy, active lifestyles.

Additionally, the NJDOE developed and disseminated a CCCS program in CD format which links new activities to the standards, including the Comprehensive Health and Physical Education standard. The program, which was developed in collaboration with the Newark Teachers Union and Seton Hall University can be found at **http://www.ntuaft.com/njcccs/Webpage/Main%20CCCS%20Page.htm,** and is linked on the NJDOE's Office of Academic and Professional Standards web page at **http://www.nj.gov/njded/aps/cccs/**.

Service Information: The target population is all public school students in grades K-12.

Funding Amount: **Not available**

Funding Source: **State**

SUBSTANCE AWARENESS COORDINATOR CERTIFICATION

In April 2005 the New Jersey State Board of Education amended the Educational Services Certificate requirements (*N.J.A.C.* 6A:9) for the substance awareness coordinator (SAC) endorsement issued by the New Jersey State Board of Examiners. The endorsement authorizes the holder to perform the functions of a SAC, as set forth in *N.J.S.A.* 18A:40A-18, in grades preschool through 12. The amended regulations expand the eligibility requirements to increase the types of professionals who may apply to obtain the endorsement, increase the clock hours for the required curriculum and expand the required areas of study.

Service Information: The target population is all substance awareness coordinators in New Jersey pubic schools.

Funding Amount: **Not available**

Funding Source: **State**

SUICIDE PREVENTION

In support of *N.J.S.A.* 18A:6-111, which requires all public school teaching staff members to complete at least two hours of instruction in suicide prevention as part of their required 100 clock hours of professional development, the NJDOE issued guidance for fulfilling the professional development requirement. The guidance also addressed the provision in the statute requiring that the New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education be revised to include suicide prevention. The guidance, which was issued to all chief school administrators in August 2006, can be found at **http://www.nj.gov/njded/aps/info/suicide.htm**.

Service Information: The target population is all public school teaching staff members and all students in grades K-12.

Funding Amount: **Not available**

Funding Source: **State**

Intervention & Referral Information

DIVISION OF STUDENT SERVICES

INTERVENTION AND REFERRAL SERVICES INITIATIVE

The Intervention and Referral Services (I&RS) Initiative supports implementation of the I&RS regulations (*N.J.A.C.* 6A:16-8) by providing technical assistance to districts for the establishment of building-based multidisciplinary problem-solving teams (grades K-12). These teams are designed to assist students who are experiencing learning, behavior or health difficulties, and to assist staff members who have difficulties in addressing students' learning, behavior or health needs. The technical assistance provided by the New Jersey Department of Education includes a comprehensive *Resource Manual for Intervention and Referral Services,* which is available at: http://www.state.nj.us/njded/students/irs/, and the provision of training to prepare building administrators and building-based teams to implement the I&RS regulations. Approximately 720 building-based teams have been trained since April 2000, including 120 teams trained (360 school staff) in the 2006-2007 school year. In addition to providing annual team training, approximately 130 school staff who were added to their school's I&RS teams also were provided training in the 2005-2006 school year. A new four-part series in video and DVD formats and accompanying flyer was disseminated to all school districts in 2005-2006. Additionally, in response to the results of a professional development needs survey conducted in the spring of 2006. the

NJDOE has provided supplemental training programs specifically designed to address the ongoing professional development needs of I&RS teams, in accordance with the provisions of *N.J.A.C.* 6A:16-8.2(a)4 and 6A:16-8.2(a)5.

Service Information: The target population was school staff, with 520 people served.

Funding Amount: **$50,000**
Funding Source: **Federal**

RANDOM TESTING OF ALCOHOL AND CONTROLLED DANGEROUS SUBSTANCES

Pursuant to *N.J.S.A.* 18A:40A-25, the New Jersey State Board of Education is considering regulations that would apply only to districts that choose to adopt a policy for the *random testing of alcohol and controlled dangerous substances* of the district's students in grades nine through twelve who participate in extracurricular activities or who possess parking permits. These rules implement the Governor's and Legislature's desire for establishing parameters for implementing random drug testing as a means to deter drug use and for the early detection of student's with drug problems so that counseling and rehabilitative services may be offered. The regulations, introduced in 2006-2007 are scheduled to be adopted in 2007-2008.

Service Information: The target population is all students in grades nine through twelve.

Funding Amount: **Not available**
Funding Source: **State**

UNSAFE SCHOOL CHOICE OPTION POLICY

As a condition for the NJDOE and public school districts to receive funds under the federal *No Child Left Behind Act* (NCLB), the NJDOE was required to establish and implement a statewide policy requiring that students attending persistently dangerous schools or who become victims of violent criminal offenses while in or on the school grounds that they attend be allowed to transfer to a safe public school within the local educational agency. The NJDOE's policy was adopted by resolution by the State Board of Education in June 2003 and reissued in July 2007. All local educational agencies receiving NCLB funds must comply with the provisions of the policy, as appropriate.

Service Information: The target population is schools identified under the USCO Policy by the NJDOE as being persistently dangerous or at risk of becoming persistently dangerous, and victims of violent criminal offense in all schools.

Funding Amount: **Not available**
Funding Source: **Federal**

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Prevention Information

Division of Epidemiology, Environmental And Occupational Health

TUBERCULOSIS (TB) PREVENTION

This program provides literature and pamphlets regarding TB to clients at Alcohol and Drug Abuse Treatment Centers. Materials Provided to TB Program at no cost by CDC or TB Regional Training and Medical Consultation Centers.

Funding Amount: Unfunded

Division of HIV/AIDS Services (DHAS)

HIV/AIDS

The DHAS supports the provision of HIV prevention services to injecting drug users (IDU) through the Patient Incentive Programs (PIPs). PIPs, located at drug treatment centers in Newark, Trenton, Asbury Park and Atlantic City, provide community outreach, HIV counseling, testing and referral services, HIV health education/risk reduction behavior change programs, and free drug treatment to hard to reach IDUs who would otherwise not be in treatment. Female sex partners of IDUs receive HIV prevention services through two specialized HIV Prevention for Women (HIP4W) programs located at healthcare provider agencies in Trenton and Newark.

Funding Amount and Source:	**PIP Federal**	**$1,359,475**
	State	**$ 498,830**
	HIP Federal	**$ 232,300**
	State	**$ 100,750**

Division of Family Health Services

PERINATAL ADDICTION PREVENTION

Six Maternal and Child Health Consortia are funded to provide regional risk reduction coordination for women of childbearing age. The major objectives of the Perinatal Addictions Prevention Project include providing professional and public education, encouraging all prenatal providers to screen their patients for substance use/abuse and developing a network of available resources to aid pregnant substance abusing women.

There are risk-reduction coordinators in each of the consortia who provide these services. They also provide information, training, advocacy and support for programs who serve families of children adversely affected by prenatal alcohol and drug exposure.

The Coordinators also work with staff from the various Centers of Excellence throughout the State to provide a seamless system that once a child is born who has been affected by drugs and/or alcohol that they are referred to these Centers for appropriate services.

Service Information: There have been over 74,600 pregnant women screened over the past three years for alcohol and/or drug use during pregnancy. The results of these screenings show that approximately 15% of the pregnant women say that they consumed alcohol in the month before they knew that they were pregnant. Because most women do not know they are pregnant during the first month, those babies were exposed to alcohol. Similarly, when women were asked if the had any cigarettes in the month before they knew they were pregnant, over 19% responded that they had smoked. These screenings resulted in women receiving prevention education, being referred for substance abuse assessments and entering treatment when appropriate. The risk reduction coordinators continue to work in order to increase the number of women screened using a universal screening tool. Several private practitioners throughout the State have begun to participate in the universal screening project.

During the past year, programs designed to educate the general public about the risks of substance use during pregnancy have reached 6,000 men and women during 145 offerings.

Funding Amount and Source: $875,000 State

Intervention & Referral Information

Division of Epidemiology, Environmental And Occupational Health Services

TB INTERVENTION

This program provides materials (syringes, antigens) to Alcohol and Drug Abuse Treatment Centers for Mantoux tuberculin skin testing of clients. The funding utilized to provide these TB testing materials are provided by the state, but recordkeeping does not exist to determine the value of the TB testing materials supplied to Alcohol and Drug Abuse Treatment Centers. If latent TB infection is detected through these screening activities, referrals may be made to TB clinics funded by the Program. These clinics are funded by both state and federal

sources, but there is no mechanism to determine the costs associated with services provided specifically for referrals from Alcohol and Drug Abuse Treatment Centers.

Funding Amount: Undetermined

Treatment Information

Division of HIV/AIDS Services (DHAS)

HIV SPECIALISTS

This program is no longer existence.

CARE & TREATMENT I

The DHAS supports individual, group, family and youth group counseling, residential substance abuse treatment and outpatient substance abuse treatment.

Service Information: Outpatient and residential substance abuse treatment services were provided to intravenous drug users and persons with HIV. A total of 79 individuals received outpatient substance abuse services and 4 received residential services. Treatment providers were located in four New Jersey counties including Burlington, Camden, Gloucester and Salem.

Funding Amount and Source: $101,597 Federal (C.A.R.E. Title I)
$ 15,795 State

CARE & TREATMENT II

The DHAS supports individual, group substance abuse counseling, methadone maintenance treatment, residential substance abuse treatment counseling and ambulatory outpatient medical care.

Service Information: Outpatient and residential substance abuse treatment services as well as methadone maintenance were provided to intravenous drug users and persons with HIV. A total of 56 individuals received outpatient substance abuse counseling services, 13 received residential services and 69 persons were provided with methadone maintenance and 19 received outpatient medial care. Treatment providers were located in five New Jersey counties including Atlantic, Cape May, Mercer, Monmouth and Ocean.

Funding Amount and Source: $462,399 Federal (C.A.R.E. Title II)

$ 7,497 StateDivision of Family Health Services

PERINATAL ADDICTIONS TREATMENT

This program is now funded by The Division of Addiction Services.

Funding Amount and Source: $300,000 Federal

FAS (FETAL ALCOHOL SYNDROME) DIAGNOSTIC CENTERS

A statewide network of six Regional FAS Diagnostic Centers has been established whose purpose is to provide diagnosis and treatment of children with FASD (Fetal Alcohol Spectrum Disorders.) The regional centers are strategically located throughout the state and housed within state funded hospital-based Child Evaluation Centers. In addition, the Centers provide both community education and professional and allied health training related to early detection and treatment of FAS. Attendance at 55 30 programs during this past fiscal year was approximately 2,200 3,000, consumers and professionals. Staff from the Diagnostic Centers will be assisting in the fall conference titled Women's Health-Addiction, Trauma and Hope through the FAS Task Force. In addition representatives from the Centers are participating in the development of a statewide media campaign focused on prevention.

Service Information: During Fiscal Year 2006 2007, 5,000 4,800 children were screened for FAS, 56 55 were identified with FAS and 71 73 have been identified with FASD. To date, 14,000 children have been screened for FAS through the Diagnostic Centers. Services included the screening of 2,200 children and the identification of 119 with the diagnosis of FAS. delete previous sentence. A multidisciplinary team completes an evaluation and then develops a comprehensive report and intervention plan that is discussed with the family. Members of the team include: developmental pediatrician, licensed psychologist, physical and occupational therapists, speech pathologist, social worker and family counselor. This treatment plan may include the following: diagnosis of medical and psychosocial conditions, treatment referrals to community resources, out patient services and school-based programs, medical and/or behavioral monitoring and case management and counseling which include family support, behavior modification and education planning. 160 children have received complete evaluations. The six centers have developed a standardized screening tool for identifying children at risk. In addition a standard four digit diagnostic grid developed by the University of Washington is used make a diagnosis of FAS. Performance indicators used were delete previous two words insert developed have resulted in increased screening of children utilizing the standard tool and the identification of children with a diagnosis of FAS using the University of Washington diagnostic guide.

Funding Amount and Source: $450,000 State

Division of Epidemiology, Environmental And Occupational Health Services

TB TREATMENT SUPPORT

TB education/training is made available for providers of care to substance abusers who work in various centers throughout the state; medication is provided for treatment of active disease and latent TB infection; and field follow-up occurs for an individual who was overdue for examination, treatment and/or clinic appointment, and for directly observed therapy of new cases among substance abusers. The funding for these field services is often provided by health service grants funded by both federal and state sources. It is not possible to determine the amount of funding that is used specifically to provide services for individuals also served by Alcohol and Drug Abuse Treatment Centers.

Funding Amount: Undetermined

TB ADMINISTRATION

Technical assistance is provided and policies and procedures regarding TB control activities are developed. These services are provided by TB Program staff funded by both state and federal sources. It is not possible to determine the time and effort of these employees specifically for Alcohol and Drug Treatment Centers.

Funding Amount: Undetermined

OFFICE of The State Epidemiologist

Comprehensive Tobacco Control Program (CTCP)

The Comprehensive Tobacco Control Program (CTCP) has made tobacco prevention, control and treatment top priorities and has developed a comprehensive and integrated program to address them.

In 2006, the Comprehensive Tobacco Control Program (CTCP) experienced many significant accomplishments. One of the most significant accomplishments was the signing of the New Jersey Smoke-Free Air Act (SFAA) into law. The Smoke-Free Air Act requires indoor public places and workplaces, including restaurants and bars, to be smoke-free, with the exception of cigar

bars or lounges, tobacco retail establishments and the gaming areas of casinos. The law, which was signed on January 15, 2006 by Acting Governor Richard J. Codey, went into effect on April 15, 2006 and carries penalties of $250 for a first-offense smoking violation; $500 for a second offense and $1,000 for each subsequent offense.

On the same date, former Acting Governor Codey also signed Senate Bill S2783 into law, raising the legal age to purchase tobacco in New Jersey from 18- to 19-years old. This law also went into effect on April 15, 2006.

The 2006 Request for Proposal was successfully completed and included programmatic changes as well as the shift in CTCP funding to respond to new priorities established during strategic planning. A total of 50 grants were awarded to organizations in all 21 counties of New Jersey for the period of July 1, 2006 to June 30, 2007.

For the most part, the data provided corresponds to the period of January 1, 2006 to December 31, 2006. The funding data provided in this report corresponds to the period of July 1, 2006 to June 30, 2007.

Community Partnerships:

This unit is responsible to manage the tobacco prevention programs (Community Against Tobacco Coalitions- CATs/Community Partners) located within all 21 counties in NJ who are working to change the population's attitudes toward tobacco use. Through the RFP process, the scope of the coalitions or community partners has changed to a health education approach. Consequently, these organizations are required to provide community health education programs; increase availability of smoke free environments, thereby decreasing exposure to second hand smoke; increase referrals to and usage of treatment services, specifically among disparate populations and, increase adherence to statewide laws and policies related to smoking bans, and compliance with newly enacted smoking laws. Additionally, it also administers the NJ GASP, NJ Breathes, Mom's Quit Connection from the Southern New Jersey Perinatal Cooperative, the American Cancer Society and the City of Vineland Health Department.

The following are some of the outcomes/successes of the programs under this unit:

- **Community Partners/CATs**:
  - Due to the success in of the "Caring Merchants Survey program" in 2005, community partners/coalitions continued to implement this activity in support of the Tobacco Age of Sale Enforcement Program (TASE). Coalition members visited tobacco vendors such as mini-marts to observe the location of tobacco products, completed a small survey to ensure compliance with the "not selling tobacco to minors" law. Coalition

members were able to educate the merchants and distribute informational and promotional materials.

- Organizations continued to distribute baby bibs as an effective marketing, and education tool. The purpose was to provide health information to the community on the dangers of second-hand smoke to children. Bibs were distributed throughout the State to low-income assistance health centers, maternity and parenting health fairs, social service agencies, and food pantries. Literature, in English and Spanish, was included in bib packages on NJ Quit-services, and health concerns for exposure to second-hand smoke.
- Organizations performed over 500 presentations to non-profit organizations, county level departments, hospitals, medical practices, businesses, and schools.
- Over 200 MOU partners were recruited by coalition/community partners' organizations to assist them in conducting state-wide presentations to disparate populations, or to include tobacco specific information into their present curriculum.
- The nineteen (19) community partnerships organizations participated in the "Point-of-Purchase Tobacco Marketing" research project headed by UMDNJ. Community Partnerships coordinators collected field data for 320 tobacco retailers throughout the State. Point-of-purchase marketing was coded for in-store and outside marketing promotions and signage. The prevalence of age of sale signs was also included in the data collection.
- Organizations have disseminated over 50,000 pieces of NJ Quit-services literature.

➢ **NJ Group Against Smoking Pollution (NJ GASP):**

This is a grassroots public interest advocacy organization and campaigns to promote adherence to smoke-free air laws in workplaces and public spaces, and to provide legal technical assistance to individuals and businesses.

- Conducted air monitoring in Atlantic City casinos. The air was tested in the designated non-smoking and smoking areas of the casinos gaming floors. Tests were conducted both before and during the State mandated shut down in July. Results were analyzed by the Roswell Park Cancer Institute. NJGASP built strong networks with other States to secure data and information on smoke-free gaming to further support the promotion of smoke-free gaming in NJ. Met with Atlantic City Casino Control Commissioner and other policy developers to present air testing results. Appear on local radio and cable television shows, to address this issue.
- Continue to address multi-housing smoking policies, tenant leases, and legislation in New Jersey and other states. This information is made available on the NJGASP website and via telephone request.
- Provide over 200 consultations and 20 presentations to schools, employees, parents, legislators and health officers.

- **City of Vineland Department to Health:**
  The Action Program is a mobile outreach project funded through the Vineland Health Department in Cumberland County. The mobile unit brings health education and treatment information and options about tobacco to the migrant workers at their camps, to community members at clinics, stores, etc. through fun activities with bilingual staff.

  - Made mobile unit available as a resource at 13 locations on a regular basis throughout the county (Wal-Mart, K Mart, Chestnut Apartments, Fitness Connection, Cidra's Food Market, La Hacienda Bakery, Regal Cinema, Best Buy, etc.).
  - Conducted education programs at 14 migrant camps to approximately 600 people.
  - Participated in the Port Norris Bay Day, spoke to 90 attendees and won first place for most original vehicle in the parade. Handed out over 200 Quit Net brochures.
  - Participated in the Puerto Rican Festival for three days and participate in the parade. Distributed Quit Net information to over 100 people in attendance.
  - Attended Lenape Pow Wow and conduct education information session to 17 participants.
  - Participated in Rock Salvation's Block Party – spoke to 83 participants.
  - Attended Bridgeton Christian School Community Day – spoke to over 150 attendees.
  - Conducted smokers support group at the Bridgeton Library.
  - Visited and spoke with congregants at 16 religious organizations/churches.
  - Developed a model smoke free policy at farm camp and distributed smoke free policy to all farm camps in the county.

- **New Jersey Perinatal Cooperative – Mom's Quit Connection (MQC):**
  MQC's mission is to reduce smoking among pregnant women and mother's of young children, thus reducing the health risks of maternal smoking both before and following delivery. MQC developed a centralized web-based, client-tracking program to measure client outcomes, and tally the number of health care professionals informed about the program and the issue of tobacco use during pregnancy.

  - Provided information and materials to over 400 referrals and/or inquires resulting in 80 new clients.
  - Provided 29 education presentations to maternal child health care organizations, public health officers, and public education institutions, providers dealing with pregnant and parenting adults and teens, and substance abuse treatment providers.

- Conducted cessation groups at Seabrook House (a six week series) with an average participation rate of 22 female clients.
- Meetings were held with the Prenatal Clinic staff at our Lady of Lourdes-Osborne Clinic and established a referral line through Camden County Head Start program.
- MQC program materials were sent to Kennedy Health System to be placed in the new mother's discharge packet from the nursery.

➢ **American Cancer Society:**

Implements the Worksite Program, a model for tobacco control targeting the workplace. The program establishes partnerships with business and industries in New Jersey. The program is designed to arm companies with the tools to promote healthy work environments, and assist workers in moving toward a smoke free life. Each is trained in comprehensive smoking policy formation, communication, and implementation. Worksites are encouraged to enact incremental policy and benefit changes designed to decrease smoking behavior, and positively affect employee health. The worksite partners provide a tobacco control coordinator who is trained by ACS. Participating companies receive tools, resources, technical assistance and support to implement effective policy change.

- Developed training procedures, promotional materials, partnership agreements, and provided training for a total of 37 worksite tobacco coordinators. They provided outreach to smokers, brief interventions, education, distributed tobacco literature and materials and referred smokers to the appropriate NJ Quit services.
- Each worksite received a $1000 incentive for their participation and maintenance of the Worksite Program.

➢ **Institute of Medicine and Public Health (IOMPH):**

- Eliminating Urban Tobacco Related Disparities Project Phase II

  One of the CTCP's goals is to reduce use and exposure to tobacco. Prevention efforts have resulted in reducing exposure to tobacco products in some populations however; certain populations have not benefited from these efforts. Previous research indicates that urban populations are disparately affected by tobacco smoke, and smoking is more prevalent in the homes of unskilled and under-educated urban New Jersey residents. The second phase of the Disparities project involved direct outreach to urban communities.

- IOMPH conducted tobacco education/training workshops to service providers from the five (5) major New Jersey urban centers; Trenton (Mercer County), Camden (Camden County), Newark (Essex County), East Orange (Essex County), and Elizabeth (Union County). Workgroups included representatives of diverse NJ populations such as African American, Latino, Asian, and Gay/Lesbian. The workgroups worked to implement "Not in Mama's Kitchen", a successfully documented second-

hand smoke initiative. Through the use of mini-grants the work group secured 85 pledges for participation.

- CTCP Electronic Newsletter: From July 1, 2006, through the end of the year (and for the remainder of the grant cycle), NJ Breathes has developed the CTCP electronic newsletter. The newsletter is sent via email to 141 individuals; 73 CTCP grantees and 68 New Jersey Breathes members representing health care facilities, education, physicians, and non-profit organizations.
- Physician and Health Care Providers Outreach Program: The signing of the New Jersey Smoke Free Air Act prompted a need for increased education to encourage smokers to quit smoking. The Physician and Health Care Providers Outreach program provides literature on 2A's &R, referral information to NJ Quit-services, and assists clinicians in the delivery and support for effective tobacco cessation knowledge and cessation efforts for clients

Total Funding Amount: $ 2,905,000

Funding Source:	**Federal:**	**$ 825,000**
	State Tax Excise	**$2,080,000**

Youth & School Programs

REBEL (Reaching Everyone by Exposing Lies) is a movement by and for New Jersey high school students determined to break free from the influence of Big Tobacco.

In 2006, through the Request for Proposals (RFP) process, NJDHSS expanded the REBEL youth empowerment model. This expansion will aid CTCP in cultivating and developing New Jersey youth advocates into future adult tobacco prevention leaders. This integrated expansion to a county based in school model will focus in membership recruitment within schools, which will provide a connection and bridge between REBEL 2 middle school program, REBEL high school program, and REBEL U college age program creating a comprehensive feeder program. Nineteen county based agencies (one serving three counties) received funding to implement the REBEL program. Each agency employs a REBEL/REBEL2 Youth Coordinator who is responsible for recruiting, sustaining, and providing technical assistance to ten (10) county high schools.

The following summarizes Youth and School Programs outcomes and successes in 2006:

- REBEL has approximately 5,000 active students and 12,000 advocates.
- In May 2006, REBEL held its Annual Youth Summit event with the participation of over 1,000 participants and the support of Dr. Bresnitz, Deputy

Commissioner and State Epidemiologist, and attendance and support of State Commissioner, Dr. Fred Jacobs.

- Youth advocates created the 2006-2007 Poster Campaign, the public service announcement and the "eNJoy fresh air" bracelet logo, which represented the passing of the Smoke Free Air Act.

- In March 2006, a total of 600 middle school students attended their Anti-tobacco annual summit. Students created marketing strategies to combat the Big Tobacco message.

- A total of 8 colleges are members of REBEL U; the program will continue to expand to in 2007.

- The Quit2Win youth cessation program was implemented in 23 New Jersey high schools. A total of 316 students participated in the program.

- The NOT curriculum- youth cessation program- was implemented in 27 New Jersey high schools. A total of 214 students participated in the program.

- The REBEL magazine has been distributed throughout the 21 counties in New Jersey as well as be placed in 315 New Jersey schools.

- Some other highlight activities of REBEL/REBEL 2 are as follows:

  - **PROJECT 1200 EVENTS**: Through out the State of New Jersey REBEL members demonstrated the dangers of Tobacco through Project 1200 presentations. Project 1200 illustrates the numbers of people who die everyday from Tobacco related illnesses.

  - **Three samples of county activities:**

    ATLANTIC COUNTY: **County wide activity:** Project 1200--1200 shoes were displayed in a public place; each pair of shoes represented a person who has passed from a tobacco related illness. The following schools participated in this event: Atlantic City HS, Absegami HS, Buena HS, Charter Technical HS, Egg Harbor Township HS, Oakcrest HS, Mainland HS, Pleasantville HS, ACIT Vocational/Technical School, and Holy Spirit HS. These displays were set up at the Shore Mall

    BERGEN COUNTY: Garfield High School: REBEL students sounded a bell every 72 seconds and made an announcement over the loudspeaker stating a tobacco fact and for each bell rung, a student wore a T-shirt with an "X" to represent a person that died from a tobacco related illness.

ESSEX COUNTY: Franklin Middle School: REBEL2 had a tobacco cemetery representing deaths due to tobacco related illnesses

Total Funding Amount: $ 3,385,000

Funding Source: State Tax Excise

Treatment & Cessation Programs:

The New Jersey Quitnet, Quitline and Quitcenters are three unique free or low cost treatment options for smokers in New Jersey. Since New Jersey began this three way program in 1990, several states have reached out and are now offering the same mix as pioneered by New Jersey. The resources offered in 2006 were:

- **New Jersey Quitline:**

  This is a toll-free (1-866-NJSTOPS) telephone based counseling service offering services from brief advice to an extensive one-on-one telephone counseling with counselors trained by Mayo Clinic. This was the contractor for calendar 2006. The counselors were available to provide individualized treatment plans, multiple counseling sessions, encouragement and support. As of December, 2006 a total of 7,627 individuals have enrolled and counseled.

TYPE OF ACTIVITY	2005	2006
Callers	1,368	3,284
Counseling	935	2,244
Information	433	1040
SIX MONTH OUTCOMES: ➢ 34% quit ➢ 35% reduced		

The publicity surrounding SFAA and the implementation of the legislation on April 15, 2006 had a major effect on the utilization of the NJ Quitline. This led to a 140% higher utilization rate in a time with a decreased budget. The CTCP internet advertising had been very effective giving 19.6% of the traffic. In this mode, ads were placed on well chosen internet sites, which were monitored for activity and changed within a week if they were ineffective. People would come to a tailored page and could be connected with the Quitline and/or Quitnet.

- **NJ Quitnet**

  This is a free web-based resource that offers a wide variety of online resources. In addition to information on various pharmacotherapy and methods of quitting, the site offers tools to plan the quit and an online follow-up that meets the client's needs. There is a trained counselor available who answers questions, usually within 24 hours. The chat room is a feature that has grown each year. It is available 24/7 and there are usually participants available around the clock. Participants who have stopped smoking utilizing

the Quitnet volunteer to help those who are trying to quit. There have been gatherings of New Jersey Quitnet chat room graduates of almost 100 people in 2006.

Utilization of the Quitnet has increased as shown in the following table:

TYPE OF ACTIVITY	TOTALS		
	2004	2005	2006
Total Visitors	60,384	106,563	117,224
Registrants	7,120	9,384	9,276

- **NJ Quitcenters**

NJ Quitcenters provide comprehensive individual assessments in a face-to-face counseling environment. There were 5 Quitcenters for the first half of 2006. As a result of a RFP process, we added three Quitcenters for fiscal 2007. Kennedy Memorial Hospital was a Quitcenter for the first half of calendar 2006. Virtua became a new Quitcenter and utilized the staff from Kennedy to provide continuants.

The outcomes for the Quitcenters for 2006 are:

FACILITY	CLIENTS
Kennedy (1/2 year)	64
Virtua (1/2 year)	32
UMDNJ	486
Shore Memorial Hospital	23
Somerset Hospital	193
UMDNJ – Mercer/Trenton	258
Saint Barnabas – South	177
Saint Barnabas – North	168
Christ Hospital – (Jersey City)	17
Quit rate at 6 months	33%

- **UMDNJ Tobacco Dependence Program**

CTCP has been contracting with the UMDNJ Tobacco Dependence Program (TDP) since 2001 for the provision of tobacco training and related services to providers and the public in general. As a leader in the tobacco dependence treatment they have most recently expanded its reach into the role of tobacco dependence in the area of mental health.

In addition, through a RWJ grant, they have expanded treatment into the Hispanic community and have assisted Quitcenters and other providers in providing effective Hispanic programs.

In 2006, TDP has accomplished the following:

- TDP trained 98 new health professionals during the 5 Day Training to become Tobacco Dependence Treatment Specialists. 96% of the

attendees at the 5-day trainings rated the trainings as "excellent" or "very good".

- The TDP staff treated 486 new patients at the Tobacco Dependence Clinic in 2006. 95% of patients rated the service as "excellent" or "very good". Published evaluation of outcomes at the clinic found that 31% of patients remain abstinent 6 months later.
- TDP staff published 17 articles in peer-reviewed journals.
- TDP trained 16 New Jersey school staff members to run a smoking cessation program (Youth Quit2Win) for high school youth.
- TDP staff presented 4 poster sessions at the World Conference on Tobacco or Health on work funded by the CTCP.
- TDP established a RWJF-funded project to develop culturally competent Hispanic smoking cessation services:" Proyecto Vida: Latino Deje De Fumar". TDP trained their staff and those of all the NJ Quitcenters to provide culturally competent tobacco dependence treatment. The TDP hired 2 Latino staff members and increased the proportion of Latino patients from 8% to 18%.
- TDP maintained 3 websites (www.tobaccoprogram.org, www.tobaccoclinic.org, www.proyectovidanofume.org, receiving visits from over 6000 unique visitors
- The TDP provided consultation and training to Princeton House Behavioral Health, enabling its main campus to go tobacco-free on May 31, 2006.
- TDP was awarded a RWJ Foundation 3 year grant to study tobacco dependence treatment among hospitalized smokers utilizing varenicline.
- TDP conducted randomized trial of combination versus single pharmacotherapy for smokers with medical illness in conjunction with CINJ.

- **Grassroots Program**

For Year 2006, CTCP proposed an integrated communication strategy for the Grassroots Program funded by CDC. This strategy linked the work of the county community partners/coalitions (ambassadors) and the CTCP Quitnet. This integration is intended to increase the utilization of Quitline since smokers will receive the same message from different sources. This effort was funded by shifting funding from the CTCP media contractor to the CTCP advertisement contractor. This shift has proven to be a more cost effective way to increase Quitline utilization.

The Ambassador program reached 12 cities and counties since the creation of the program (2005) using Community Organizers (CO's) that were hired by CTCP media contractor –Fleishman-Hillard- to begin the Ambassador program as part of the "Grassroots" program. Emphasis for the first half of calendar 2006 was on Hackensack (Northern), Edison (Central), Elizabeth (Central) and Gloucester County (South). Therefore, the Community Organizers (COs) worked with the CATs from February through April 2006 in Hackensack and Edison and from April through June 2006 in Elizabeth and Gloucester. The Community Partners completed a full final quarter of 2006

using the Grassroots Program in their county. As a result, they recruited 398 ambassadors in this period and shared them with the CATs/Community Partners. Specifically, the Ambassadors recruited by counties were:

COUNTY	AMBASSADORS
Edison	99
Elizabeth	99
Gloucester	100
Hackensack	100

As a result of the CTCP Request For Proposals (RFP), the new Coalitions/Community Partners are required to promote the NJ Quit resources as part of their grant. Participation in the Ambassador Program is now being implemented in all 21 New Jersey counties and is a great growth from the original 3 city pilot program. The experience from the initial pilot was passed to additional cities and is now statewide. From October 2006 through December 2006, the coalitions/community partners have recruited a total of 193 new Ambassadors.

Funding Amount: **$2,281,000**

Funding Source: **State Tax Excise $2,006,000**
Federal $ 275,000

Tobacco Age of Sale Enforcement (TASE)

The Tobacco Age of Sale Enforcement (TASE) Program provides funds and technical assistance to Local Health Departments throughout the State to conduct random, unannounced compliance check inspections of licensed retail tobacco vendors to determine whether or not tobacco products are being sold illegally to persons under the age of 19. Youth between the ages of 15 and 19, accompanied by the inspectors, attempt to purchase tobacco products from the sites selected to be in the sample.

State Public Health Representatives conduct inspections following the same protocol as the health departments in jurisdictions where health departments do not participate in the TASE program. This activity is supported by the Synar legislation of the Public Health Service Act of 1992 which was created to reduce the sale and distribution of tobacco products to persons under the age of 18.

New Jersey Synar Non-Compliance Target Rates

Application Year	NJ Non-Compliance Target Rate	NJ Non-Compliance Actual Rate
F 2000	26%	23.2%
F 2001	25%	24.6%
F 2002	24%	22.1%
F 2003	20%	15.9%
F 2004	Less than 20%	13%
F 2005	Less than 20%	12.7%
F 2006	Less than 20%	15.4%
F 2007	Less than 20%	11.1%

Year 2006 was a year of challenges for the TASE program. The following represents a summary of TASE accomplishments:

- Updated of materials: The law forbidding the sale of tobacco products to youth changed in April 2006 from 18 to 19 years old. Due to lack of funding for the mailing of new materials, and particularly for the development of new signs and merchant education package, TASE reinforced its partnership with participating Local Health Departments (LHD), who was very instrumental in distributing the materials to the retailers in their area. TASE also built new partnerships with retailers associations who were able to distribute materials to their merchant's associates.

- November 17, 2006, the Tobacco Age of Sale Enforcement Program (TASE) collaborated with the Southwest Council, which is located in Glassboro. TASE assisted the Southwest Council in jump starting their merchant education training and made a presentation on strategies that influence and decrease the non-compliance rate.

- The TASE program organized the 2006 Annual Regional Training for Local Health Departments entitle "The Impact of the New Tobacco Legislation on Decreasing the Non-Compliance Rate", which was implemented in two different locations and had a total of 110 participants.

- The TASE program coordinated the Merchant Education Training Program for the New Jersey Food Council in April 2006. The New Jersey Food Council is an alliance of food retailers and their supplier partners united to provide vision and leadership to advance the interests of its members. This merchant education program reached over 300 grocery store retailers that encompassed the state of New Jersey**.** The merchant education training took place in three locations, the Meadowlands, Bordentown, and Vineland.

- A total of $50,000 was used to develop 2 new postcards that were mailed to approximately 13,000 retailers to remind them of the law of not selling tobacco products to minors under 19 years old.

- Compliance Check Inspection Report (CCIR) summary data:
  - 80 Participating Local Health Departments
  - 36 Non-Participating

TASE YEAR 10 "2006-2007"	Type of Sample	Totals Sample	Total inspections as of 3/07	Illegal Sales as of 3/07
Inspections **Sample**	Federal	721	721	56
	State	7,779	4,214	138
TOTALS		8,500	4,935	194

Funding Amount:	**$ 1,109,172**
Funding Source: State Tax Excise	**$ 584,172**
State *	**$ 525,000**

*Revenues from Division of Taxation: license tobacco fees.

Marketing and Communications

The Comprehensive Tobacco Control Program's public awareness and media campaigns reach New Jersey's diverse population through a combination of media strategies that encourage youth to refrain from smoking and motivate adults who smoke to quit. The principle public relations campaigns of 2006 focused on two landmark achievements in tobacco control: New Jersey's Smoke-Free Air Act (SFAA) signed into law on January 9, 2006, and the U.S. Surgeon General's Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke issued on June 27, 2006. These milestones in public health legislation and scientific research addressed the health risks of secondhand smoke, and the CTCP played a central role in disseminating public information and building public support for smoke-free air in New Jersey's workplaces and public places.

The following represents some of the most relevant CTCP media outcomes:

- **IMPLEMENTING THE NEW JERSEY SMOKE-FREE AIR ACT**: To ensure a smooth implementation process for the SFAA, enacted on April 15, 2006, and to minimize opposition that might influence any future weakening of the law, NJDHSS collaborated with the Robert Wood Johnson Foundation (RWJF), New Jersey Breathes and NJ GASP to educate the business community and consumers about the new law.

  - The campaign entitled "Smoke-Free New Jersey: A Breath of Fresh Air", funded primarily by the RWJF, featured direct mail to approximately 250,000 employers and businesses including restaurants and bars; billboards and print ads; and advertising on buses, radio and the Internet.
  - To increase public understanding of the SFAA, the CTCP created a new Web site, www.smokefree.nj.gov, with consumer information and downloadable materials in English and Spanish. The site contains the text and basic requirements of the Act and highlights the importance of the new law in eliminating one of the most significant threats to public health. Downloadable brochures, fact sheets, guidelines, and "No Smoking" signs aided businesses and community organizations in posting and disseminating information about the SFAA.
  - An Internet poll of 500 New Jersey smokers conducted in March 2006 as part of the CTCP's media and marketing program confirmed that the

SFAA had increased the desire of many smokers to quit smoking. Of the nearly three-fourths of smokers polled who said they wanted to quit, 13 percent said they were anticipating the implementation of the smoking ban by planning a quit date.

- **HELPING SMOKERS QUIT:** Seizing the unique opportunity afforded by the SFAA to reach smokers when many of them were motivated to quit, the CTCP
  - Increased by six weeks its radio advertising campaign on smoking cessation to run in conjunction with media coverage of the implementation of the SFAA. The additional placement increased awareness of NJ Quitline, the State's free smoking cessation telephone counseling service.
  - On April 12, 2006, NJDHSS held a press conference at the State House in Trenton to launch the SFAA. The media coverage generated by this event and by the advertising and public relations campaigns surrounding the new law garnered over 9.98 million media impressions during the month of April. All the New Jersey daily newspapers, the New York and Philadelphia-based network television stations, and the major New Jersey cable television stations reported on events surrounding the SFAA.
  - "Be Smoke Free in New Jersey: Quit 2 Win", an Internet/Web site campaign launched in conjunction with the SFAA, evolved from the earlier Quit 2 Win program to become the leading public relations component of the 2006 promotional campaign for the NJ Quit Services. The campaign was created in collaboration with The Joint Partnership on Smoking Cessation, a strategic planning group formed by the CTCP, the American Cancer Society, the American Lung Association and the American Heart Association.
  - To assist employers, union leaders and community organizers in promoting the NJ Quit Services, a variety of downloadable materials were developed in 2006 for distribution through the new Quit 2 Win Web site. Resources include how-to-manuals, PowerPoint presentations, a video, fact sheets, posters and articles.
  - For physicians a new campaign was created called "2As+R" (Ask, Advise, Refer). Ask patients if they smoke. Advise them to quit. Refer them to the NJ Quit Services. Referral slips, 2As+R file stickers, an overview and instruction sheet, a poster, and fact sheets are included among the downloadable materials.
  - As anticipated, utilization of New Jersey's Quit Services increased during 2006. NJ Quitline experienced nearly three times the number of calls from individuals for information and counseling in the first 10 months of the year over the same period in 2005: 2,900 calls compared to 1,012. Factors contributing to this increase included implementation of the SFAA and coverage of the health risks of smoking and secondhand smoke, increased coverage of the benefits of quitting smoking, and paid advertising.
  - Of smokers who registered for NJ Quitline counseling, 22 percent said radio was their source of information about the service. Nineteen percent

said they got their information from Internet advertising and the NJ Quintet Web site.

- In 2006, the CTCP contracted with Quintet in Boston, Massachusetts, to launch a pilot Internet advertising and referral program for NJ Quitline. Internet ads linked the user to a splash page on the NJ Quintet site that offered online enrollment in NJ Quitline. The pilot program proved successful, so the CTCP implemented in on a continuing basis. The number of unique visitors directly from the ads between January 1 and October 31 totaled 31,921. During the first 10 months of 2006, Quintet reported 1,336 referrals to NJ Quitline.
- The media mix for the 2006 Smoking Cessation Campaign also included outdoor and radio advertising, apart from the SFAA campaign. Two flights of radio ads ran in January – February and in November – December. New Jersey Transit bus ads ran from January through June of 2006. The messages displayed on bus sides in major metropolitan areas throughout the State included "Don't quit alone. Quit with us.", "Hung up on tobacco? Pick up the phone." and "Cold turkey is good for sandwiches. Not for quitting."

- **EDUCATING LICENSED TOBACCO RETAILERS:** To inform the 13,000 licensed tobacco retailers in New Jersey of the new Tobacco Age of Sale Enforcement (TASE) law that rose the legal age for purchasing tobacco products from 18 to 19, the CTCP media and marketing program designed new promotional materials and implemented a direct mail campaign in March 2006. Two messages, developed to communicate with both retailers and customers, included the following: "Small mistake. Big fine. If we don't I.D. for Tobacco, we pay up to $1,000." and "Looking old enough is not good enough. We always I.D. for tobacco."

- **HELPING TEENS PREVENT TOBACCO USE:** The objectives of the 2006 Youth Tobacco Use Prevention Campaign were to increase traffic to the REBEL Web site and build greater awareness of REBEL.

  - New Internet advertisements created for this campaign generated exceptionally high traffic to REBEL's Web site, www.njnotforsale.com, where New Jersey teens can learn about the health risks of smoking and the REBEL movement. Two sets of Internet ads placed in 2006 capitalized on trends in teen online advertising and employed increasingly interactive production techniques. The first set was composed of two versions of a single banner ad, one with and one without an audio component, which ran from January through June 2006. This ad was the **winner of a 2006 gold international Horizon Interactive Award.**
  - As these current ads continued to run through the first quarter of 2007 on the Google Network, they generated an exceptionally high volume of traffic to the REBEL Web site. As of mid-April 2007 over 66 million impressions and nearly 40,000 "click through" to www.njnotforsale.com have been recorded for the two ads for a "click through rate" of 0.05

percent. A campaign is deemed successful if it achieves a click through rate of between 0.01 and 0.03 percent.

Total Funding Amount: **$1,944,000.00**

Funding Source: **State Tax Excise** **$1,244,000.00**
RWJ Foundation **$ 700,000**

Measurement and Evaluation

The Research and Evaluation Unit of the Comprehensive Tobacco Control Program provides statewide surveillance and program evaluation to the CTCP. Surveillance of tobacco trends in all populations is extremely important to monitor prevalence and trends in use of all tobacco products. Program evaluation is important to CTCP to measure the effectiveness of the programs and activities that CTCP provides state-wide. The CTCP continues to work with the University of Medicine and Dentistry – School of Public Health, Tobacco Surveillance and Evaluation Research Program as the external evaluator to the program.

Surveillance

Surveillance is achieved through instruments such as the New Jersey Adult Tobacco Survey (NJATS) and the New Jersey Youth Tobacco Survey (NJYTS). In addition to these surveillance tools, the CTCP implements other types of data collection instruments. In 2006, CTCP implemented the following studies:

- **2006 New Jersey Adult Tobacco Survey:** The 2006 New Jersey Adult Tobacco Survey was implemented in the spring of 2006. The sample size consisted of 9,182 adults in the state of New Jersey. Because of the changes in sample design the dataset is being reviewed and re-weighted. Initial runs revealed some issues which merit further evaluation, including but not limited to sample weights and question branching.

- **2006 New Jersey Youth Tobacco Survey:** The 2006 New Jersey Youth Tobacco Survey was implemented in late fall of 2006. The sample size consisted of 8,414 middle and high school students in the state of New Jersey. Some of the most relevant findings are:

  - 24.5% of middle school students and 49.9% of high school students reported having ever tried some form of tobacco.
  - 3.2% of middle school students and 15.8% of high school students reported current use of cigarettes.
  - 5.2% of middle school students and 14.3% of high school students reported smoking cigars on one or more of the 30 days preceding the survey.

- 3.5% and 9.0% of male middle and high school students, respectively, reported current use of smokeless tobacco.
- Among currently smoking middle and high school students who purchased or attempted to purchase cigarettes, 58.0% reported they were not asked to show proof of age.
- 43.7% of middle school students and 57.7% of high school students reported being exposed to secondhand smoke in either rooms or in cars during the seven days preceding the survey.
- 21.1% of middle school students and 34.1% of high school students had ever heard of the statewide, youth-led anti-tobacco movement, known as REBEL.

➢ **2006 New Jersey Smoke-Free Air Act Policy Survey:** The New Jersey Smoke-Free Air Act Policy Survey (NJSFAAPS) was implemented to provide baseline measures to monitor enforcement of the SFAA. The 2006 NJSFAAPS was a web-based instrument that was completed by 92 local health departments between August and October 2006. The following are some highlights from this report:

- During the period of April 15th to October 27th, 2006, the total number of complaints received statewide was 261. The highest number of complaints was related to smoking in bars (43.3%) followed by other indoor workplaces (39.5%). The fewest number of complaints came from restaurants (17.2%)
- Compliance checks were conducted specifically in reference to the NJSFAA or in conjunction with regular food inspections. A total of 280 compliance checks specific to the NJSFAA were conducted in bars, 1186 in restaurants and 269 in all other indoor workplaces.
- A total of 31 citations, which include fines, were issued from 3 health departments and the vast majority was issued to bars (83.9%). Fewer citations (9.7%) were issued to restaurants and other indoor workplaces (6.5%).

➢ **Program Evaluation:** In 2006, the Research and Evaluation Unit of CTCP took major steps forward in program evaluation:

- NJ Quitcenter Database and Reporting - In the spring of 2006, the Research and Evaluation Unit undertook the process of centralizing the data collection process for the Quitcenters. This process included a complete review of the existing database and the creation of an aggregate database to house all the data which provides CTCP with better oversight capabilities.
- REBEL Assessment – In 2006, the Research and Evaluation Unit developed an assessment to be implemented by the REBEL Youth Coordinators. The assessment is comprised of four (4) parts: knowledge, empowerment, resiliency and demographics. The

purpose of the assessment is to determine how effective the REBEL program is in its purpose. The assessment will be piloted in spring 2007 and the first implementation will be in September, 2007.

- REBEL Database – The REBEL database was updated in 2006 to reflect changes in the REBEL program.

- **Behavioral Risk Factor Surveillance (BRFSS)**: The Center for Health Statistics, NJDHSS through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) conducts the BRFSS. The CTCP works with CHS to combine data obtained on tobacco use from the New Jersey BRFSS with data obtained from the Adult Tobacco Survey, administered every other year, to increase statistical power, to detect changes over time and within subpopulations and provide continuity to data collection on tobacco use in New Jersey.

- **Family Health Services – PRAMS**: The Division of Family Health Services (FHS), NJDHSS through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) conducts the Pregnancy Risk Assessment Monitoring System (PRAMS) Survey. The CTCP works with FHS to seek specific data about tobacco use among pregnant women which is only available through PRAMS.

- **Department of Education – Student Health Services**: The New Jersey Department of Health and Senior Services (DHSS) and the New Jersey Department of Education (DOE) engage in a partnership to obtain data concerning the health-related behaviors of New Jersey students that are statistically representative and useful for monitoring trends and evaluating the outcomes of behavioral interventions. The CTCP works with the DOE to increase school and student participation rates, minimize interruption of school instructional time and improve data analysis and dissemination.

- **Data Briefs**: The CTCP – Research and Evaluation Unit continues to work with the UMDNJ – SPH, TSERP to create a series of data briefs. In 2006, the follow data briefs were published on the CTCP website:
  - 2006 Tobacco Surveillance Data Brief: Tobacco Policies in New Jersey High Schools
  - 2006 Tobacco Surveillance Data Brief: Adult Cigarette Smoking Prevalence
  - 2006 Tobacco Surveillance Data Brief: Cigars and Smokeless Tobacco

Funding Amount: $1,225,000

Funding Source: State Tax Excise

DEPARTMENT OF HUMAN SERVICES

Department/Agency Mission Statement: The Department of Human Services is dedicated to providing quality services that consistently meet or exceed expectations with the goal to protect, assist and empower economically disadvantaged individuals and families, and people with disabilities to achieve their maximum potential. We strive to ensure a seamless array of services through partnerships and collaborations with communities statewide. We seek to promote accountability, transparency and quality in all that we do.

Core Functions

- Serve as a safety net for low income people through the TANF, GA, Food Stamps, child support and emergency shelter programs. Help people transition toward greater independence and self sufficiency.

- Provide health care coverage for low income, aged, blind and disabled people.

- Operate state institutions and provide residential and community based supports and/or treatment to people with developmental disabilities, mental illness and substance abuse so they can live in the most independent situation possible and achieve quality of life, wellness and recovery.

- Communicate effectively with the public, the media, consumers of Human Services and DHS staff. Provide equal access to public information within the purview of this department to all interested citizens.

- Effectively manage the Human Services' budget, maximize revenue, ensure fiscal integrity and maintain the public trust.

- Assure a sufficient workforce that is competent and diverse in both state and contracted services.

- Develop and formulate public policy related to human services in collaboration with community partners, stakeholders and government leaders to address identified local and state issues and priorities.

- Ensure that all Department services are carried out with quality, efficiency, safety, fiscal integrity and dignity for the people we serve.

Prevention Information

Division of Addiction Services

THROUGH THE MEDIA

The Partnership for a Drug-Free New Jersey creates awareness and develops prevention media to impact schools, families and workplaces.

Service Information: Services include information dissemination to youth, parents, educators, the media, prevention, and education and other activities that also relate to their "Drug Free Workplace Programs.

Funding Amount and Source: $1,015,000 (State)

MIDDLE SCHOOL PEER TO PEER PROJECT

In response to the middle school drug and alcohol survey, the Princeton Center for Leadership trains adult mentors to work with identified youth to become leaders and educators for their peers regarding alcohol, tobacco and other drugs.

Service Information: Services were provided to 25,000 Middle School students (5th to 8th grade) and 300 adult members combined in all 21 New Jersey counties. Services include information dissemination, prevention education and other activities.

Funding Amount: $438,173 (Federal)

SPORTS, VIOLENCE AND ADDICTIONS "PARENTING AN ATHLETE"

This is a pilot project with St. Barnabas Prevention Institute to reach coaches and parents regarding youth sports, violence and the addiction connection.

Service Information: Prevention education was provided to 2,173 teachers/coaches.

Funding Amount and Source: $102,515 (Federal)

ROWAN UNIVERSITY – SOCIAL NORMS PROJECT

Through Rowan University and the College Consortium, this project provides surveyed information that factually addresses the use of alcohol and tobacco on college campuses.

Service Information: Services were provided to approximately 207,000 college students, teachers/administrators and others. Services included information dissemination, prevention education, substance abuse related trainings for various groups, the development and distribution substance prevention related media and alternative activities.

Funding Amount and Source: $490,162 (Federal)

CENTER FOR CHILDREN AND FAMILIES -AGING OUT POPULATION

In response to the overwhelming aging out population from the DYFS foster care system, Keys to Achieving Resilient Transitions (KART) aims to prevent and decrease substance abuse and to increase self-esteem, conflict-resolution skills and goal-setting skills among the aging out population.

Service Information: An 8 to 16 session Keys to Innervisions (KIV) program is facilitated statewide at various residential aging-out residential locations across New Jersey to approximately 90 young adults.

Funding Amount and Source: $177,625 (Federal)

COMMUNITY BASED PRIMARY PREVENTION GRANTS

In response to the Unification Plan developed with each county, 48 contracts were awarded to provide science-based primary substance use prevention programming in all 21 counties. The goal of each contract was to reduce the risk factors identified in the county plus in the high-risk town identified with an indicated population such as at-risk youth, children of substance abusers and special populations, such as seniors.

Service Information: Prevention services were provided to 10,787 members of the targeted populations in all 21 counties. Services included prevention education, alternative activities, and other activities. Performance indicators varied depending on individual contract objectives.

Funding Amount and Source: $5,336,000 (Federal)

PRIMARY PREVENTION RESOURCE CENTERS

A network of Local Resource Centers in the 21 counties provide information dissemination and prevention education to the general population of the specific county of location.

Service Information: There were 7,200 New Jersey residents, combined in all 21 New Jersey counties, reached through resource centers. Services provided included information dissemination, prevention education and other activities as needed. Over 15,000 pieces printed materials distributed.

Funding Amount and Source: $1,968,065 (Federal)

PARTY DRUGS

New Jersey Prevention Network (NJPN) provides 21 county information dissemination regarding party drugs, including Heroin and Methamphetamines. Additionally, a statewide conference is funded that outreaches to drug and alcohol professionals, law enforcement and the community-at-large.

Service Information: Prevention education services were provided to 6,000 middle school students, 450 teacher/administrators and treatment professionals as well as 520 law enforcement personnel and others combined in all 21 New Jersey counties. The performance indicator used for all groups was increased knowledge of dangers of party drugs.

Funding Amount and Source: $361,000 (Federal)

STIGMA REDUCTION

The National Council on Alcohol and Drug Dependency of New Jersey does statewide stigma reduction and awareness and information and grass roots organizing.

Service Information: Publish "Perspectives", coordinate Annual Recovery Walk and promote reduction of stigma associated with addiction professionals through community education, focus groups and media events.

Funding Amount: $505,000 (Federal)

WISE

This is an older adult outreach program that trains older adults 55+ to mentor their peers around substance abuse and medication misuse and abuse.

Service Information: This program provided by five (5) NJPN resource centers has a best practice curriculum that has been used with 30 mentors who have outreached/mentored 150 older adults. Information dissemination and education primary services utilized.

Funding Amount and Source: $202,000 (Federal)

CHILDHOOD DRINKING

This is a statewide initiative that included a coalition of key stakeholders who focus on reducing underage and childhood drinking. In addition, this coming

year, all 21 counties will develop local coalitions to promote awareness and support educational programs for children and their parents.

Service Information: Education activities for K-3 students were delivered to 1,680 students and 750 parents. Over 220 Town Hall meetings were held along with 21 county meetings to increase community awareness of the problem. Over 6,800 people were in attendance.

Funding Amount and Source: $1,000,000 (Federal)

STRENGTHENING FAMILIES

This evidence-based parenting program is age specific focused and provides skill development for both parent and child with built in practice sessions to support competency in skill achievement. There are incentives for parents, children and agencies providing the program to retain maximum attendance.

Service Information: Fifty-four (54) community-based agencies have provided this program to 1,200 families statewide for SFY 2007. This skill development program is offered in all 21 counties to target populations such as DYFS involved families, court involved families, school-based families, and indicated high risk families.

Funding Amount and Source: $2,535,322 (Federal)

COMPULSIVE GAMBLING

This contract provides statewide treatment and prevention and hotline services through the Council on Compulsive Gambling. There are certified treatment providers and a state of the art curriculum with videos for middle school and high school students and their parents. A statewide conference is held yearly to focus on special populations and gambling such as women, older adults and adolescents.

Service Information: Hotline received approximately 20,000 calls, 6% from adolescents, 140 presentations to schools, 1,603 certified training and 287 people received treatment.

Funding Amount and Source: $935,875 (State)

WORKFORCE DEVELOPMENT

In response to several variables, including an aging out workforce, lower numbers of individuals entering the field due to stigma, inequitable salaries, unavailability of affordable training, and a undiversified workforce, a training initiative to increase and enhance New Jersey's addiction professional workforce was implemented. In September 2006, The New Jersey Prevention

Network (NJPN) was awarded a training and workforce development contract to provide accessible and affordable training opportunities statewide. Ultimately, this support towards credentialing and licensing of the State's addiction workforce will improve the effectiveness of treatment and prevention services. Through this project, scholarships for those entering the field were offered at 10 different sites in New Jersey for Chemical Dependency Associate (CDA) and Certified Alcohol and Drug Counselor (CADC) course work. Course work was also offered for the Recovery Mentor Associate (RMA), Clinical Certified Supervisor (CCS) and Certified Prevention Specialist (CPS). In addition, advance course work was offered for those already working in treatment and prevention agencies as Licensed Clinical Alcohol and Drug Counselors (LCADCs). In addition, to support a recent mandate from the New Jersey Department of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee, courses were held in legal and Ethical Standards for all CADC and LCADC credentialed.

Service Information: NJPN has provided 281 training classes for 592 unduplicated students. Thirty-nine of these students have completed the educational requirements for CADC since the contract began.

Funding Amount and Source: $1,000,000 (Federal)

BARRIER FREE/LIFE SAFETY PROJECT

This project afforded treatment programs to upgrade their facilities to comply with ADA requirements or other life safety needs.

Service Information: Twenty three contracts were awarded to provide these construction upgrades to date.

Funding Amount and Source: $2,000,000 (State)

Division of Medical Assistance and Health Services

MANAGED CARE

Mental health and substance abuse services, for alcohol and drug abuse, are obtained through regular Medicaid. The HMOs are only responsible for providing mental health and substance abuse services (except for partial care and partial hospitalization services) to enrollees who are clients of the Division of Developmental Disabilities. HMO enrollee handbooks describe how to get mental health and substance abuse services.

The State's contract with HMOs, that provide health care services to Medicaid and NJ FamilyCare beneficiaries, provides that the HMOs identify relevant community issues and the health education needs of their enrollees. This includes smoking cessation programs, which must have targeted outreach to

adolescents and pregnant women, as well as prevention and treatment of alcohol and substance abuse.

Although mental health and substance abuse services are furnished through regular Medicaid, the HMOs have the responsibility for screening and identifying enrollees with substance abuse service needs and for providing them with referrals to appropriate providers.

Managed care enrollees who require special health care services, including substance abuse service, may request care management services through the HMO that will help coordinate care and link the enrollee to needed services.

Service Information: The HMOs offer counseling and pharmaceutical management for smoking cessation to all managed care enrollees. This may include participation in disease management programs or the *Quitting Matters* program. In addition, HMO participating providers are advised to counsel patients about smoking cessation. Some HMO's also produce educational materials about the hazards of second-hand smoke inhalation.

Office for Prevention of Mental Retardation and Developmental Disabilities

PREVENTION OF FETAL ALCOHOL SPECTRUM DISORDERS AND OTHER PERINATAL ADDICTIONS EDUCATIONAL GRANTS PROGRAM

Service Information: The Office for Prevention of Mental Retardation and Developmental Disabilities (OPMRDD) funds grants to educate the community about the effects of prenatal exposure to alcohol, drugs and nicotine upon developing fetuses. These funds are also used to support Pregnant Pause events in every county annually. Targeted educational programs focus on specific audiences, including high school students, pregnant women, and staff and clients of substance addiction treatment centers. An estimated 500,000 persons receive information about perinatal addictions annually through these grants.

Funding Amount and Source: Grants totaling approximately $200,000 are implemented annually. (State funds)

FETAL ALCOHOL SPECTRUM DISORDERS TASK FORCE

Service Information: The Fetal Alcohol Spectrum Disorders (FASD) and other Perinatal Addictions Task Force, a committee of the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, is an interagency body composed of representatives of state agencies, the University of Medicine and Dentistry of New Jersey, the Perinatal Addictions Program Coordinators, the FASD Diagnostic Centers, and community agencies. The Task Force is responsible for producing and disseminating a five year plan to educate and prevent perinatal addictions. The Task Force has implemented a three year

media campaign, Be in the k**NO**w, to educate New Jersey citizens about not drinking, smoking or taking drugs during pregnancy. The Task Force is also developing an interactive website, beintheknownj.org, which provides information about perinatal addictions and direct links to treatment services and the FASD Diagnostic Centers. The Task Force also administers the FASD Diagnostic Centers website at beintheknownj.net.

Funding Amount and Source: $60,000 of state funds are used to support the FASD Task Force activities.

Intervention

Division of Addiction Services

THE ADDICTION HOTLINE OF NEW JERSEY

The Addiction Hotline of New Jersey provides a statewide, 24-hour information and referral line disseminating information about prevention, intervention and support resources for New Jersey residents with concerns about the use of Alcohol and Other Drugs of Abuse. Professional counselors are available 24 hours a day, 7 days per week to provide referral information to over 30,000 calls a year. The Hotline maintains an educational website capable of handling traffic of 14,000 site hits per year. Interpreters are provided for callers whose native language is not English.

Funding Amount and Source: $189,577 (State and Federal)

Treatment

Division of Addiction Services

DRUG COURT

In a collaborative effort with the Administrative Office of the Courts (AOC), DAS provided a full continuum of care of community based substance abuse treatment services. Funding was provided to DAS in SFY 2007 via a Cooperative Agreement between DAS and the AOC. This funding supported the purchase of 287 specialized long term residential beds and a broad range of additional treatment services, such as short term residential, halfway house, partial care, intensive outpatient, outpatient, individual counseling and enhanced services. There were approximately 109 new cases per month in the statewide drug court network for a total of 1,308 per year.

Service Information: As of September 1, 2004, Drug Court was operational in all 15 Superior Court Vicinages. Drug Courts functions within the existing Superior

Court structure to provide treatment opportunities to offenders who would otherwise be incarcerated in State prisons for drug related offenses.

Funding Amount and Source: $18,237,876 (State)

MUTUAL AGREEMENT PROGRAM (MAP)

In SFY 2007, DHS/DAS continued to oversee the Mutual Agreement Program (MAP), an Inmate/Parolee Rehabilitation Project implemented through a Memorandum of Agreement with the Department of Corrections (DOC), the State Parole Board (SPB) and the Division of Addiction Service (DAS). This funding is a combination of direct appropriations to DAS transferred from the DOC and SPB. These funds supported an initiative which funded 118 residential and halfway house treatment beds for parolees and inmates pending parole. Additionally, the program funded six (6) specialized outpatient programs for parolees.

Service Information: MAP provided substance abuse treatment opportunities for state inmates under the supervision of DOC who are in need of drug and alcohol treatment and who are pending release to the community, as well as SPB parolees with drug and alcohol problems. Treatment services are delivered at licensed community-based alcohol and drug treatment programs.

Funding Amount and Source: $3,338,693 (State)

THE JUVENILE JUSTICE TREATMENT INITIATIVE

DAS, through a Memorandum of Agreement (MOA) with the Juvenile Justice Commission (JJC), allotted funds to treat adolescents who had been committed to a state juvenile institution and adolescents placed on probation. This initiative allows for coordinated planning and joint funding of services to juvenile offenders. DAS funded 63out of the 71 residential adolescent substance abuse treatment beds. The remaining eight (8) beds were supported by a transfer of funds from the JJC. Of the 63 beds funded by DAS, 53 were reserved for JJC referred offenders and 10 were designated as juvenile offender (non-reserved) beds, available for use by the JJC, courts or probation.

In addition, DAS funded a Letter of Agreement (LOA) providing for reimbursement of short term residential treatment for JJC young adult parolees. Up to 2 beds were available for JJC referrals who were between the ages of 18 and 24 years, were returned to the community from a state penal institution, and were at risk for re-incarceration because of an alcohol and/or drug problem.

Funding Amount and Source: $2,127,952 (State)

SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES

Comprehensive substance abuse treatment services are provided statewide through direct funding, with licensed or approved treatment facilities.

Service Information: The following services are provided for substance abusing/addicted adults and adolescents: outpatient psycho/social treatment, intensive outpatient, methadone maintenance, methadone intensive outpatient, and residential methadone detox, adult long-term residential slots and adult short-term residential slots; adolescent long-term residential slots, adolescent short-term residential, youth partial care, HIV Early Intervention Program (EIP), HIV case management services; co-occurring services; treatment services for the Deaf, hard of hearing and disabled, and specialized treatment services for women and children.

Funding Amount and Source: $49,281,000 (Federal and State)

GROUP RECOVERY HOME LOAN FUND

Funding is provided to Oxford Houses to provide administrative and programmatic oversight of the statewide network of peer-led group recovery homes in New Jersey and to expand the network to include all 21 counties in the state. This funding includes $100,000 for a Revolving Loan Fund to eligible groups of persons for the development of new group recovery homes. With funds from the Treatment contract, Oxford House will establish ten (10) new homes (7 for men and 3 for women). The funds are also used for continued administration of the existing 72 homes.

With funds from the Women's DYFS contract, Oxford House will establish (5) new homes for women and their children who are under the supervision of DYFS.

Oxford Houses are democratically run, self-supported, drug-free living environments for clients needing housing during or post-treatment. No direct treatment or clinical services are provided within these homes, however, all individual members attend 12-Step meetings and may be encouraged to utilize outside professionals whenever such utilization is likely to enhance recovery from alcoholism.

Funding Amount and Source: $80,490 (Federal and State)

COUNTY COMPREHENSIVE ALCOHOL AND DRUG ABUSE SERVICES

The Alcohol Education, Rehabilitation and Enforcement Fund (AEREF) is a non-lapsing, revolving fund through which the twenty-one counties receive annual allocations to plan comprehensive addiction services based on county-identified need. Trust funds are disbursed to the counties by formula, with a twenty-five percent match requirement. The funds support county-wide needs

assessment, planning, coordination and provision of addiction services for indigent adult and adolescent county residents. Addiction services include: education, prevention, treatment and rehabilitation services, and aftercare services.

Direct state appropriations supplement trust funds to the counties for expanded treatment and rehabilitation services, aftercare services, linkage services, and detoxification services.

Funding Amount and Source: $16,284,872 (State)

CHILD WELFARE REFORM PLAN/ADOLESCENT TREATMENT

The Child Welfare Reform Plan Initiative provides a coordinated network of specialized substance abuse treatment services in licensed facilities targeted to adolescents with first priority to those under the supervision of the Division of Youth and Family Services (DYFS). Services include long-term residential treatment that provide a structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays to support and promote recovery. Thirty (30) beds are available for adolescents to receive these services. Intervention focuses on reintegrating into the greater community with emphasis on education and vocational development.

One hundred and six (106) slots are available to adolescents needing variable levels of care in outpatient settings. These services include individual, group and family counseling and include access to support services. Joint case planning and case conferencing between the DYFS case worker and the treatment provider are an essential component to this initiative.

Funding Amount and Source: $2,740,048 (State)

TREATMENT SERVICES FOR ADOLESCENTS

The Division funds 214 long-term residential treatment beds, nine (9) short-term treatment beds and 31 partial care beds for adolescents in licensed facilities. Of these, 67 beds were reserved for adolescents under the jurisdiction of the

Juvenile Justice Commission (JJC). Long-term residential treatment provides a highly structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays. Short-term residential services provide highly structured environment, combined with a commensurate level of professional services, designed to address specific addiction and living skills problems for youth who are deemed amenable to

intervention through short-term treatment. Partial care treatment provides a broad range of clinically intensive treatment services in a structured environment for a minimum of 30 hours per week, during day or evening hours. Treatment includes substance abuse counseling, educational and community support services. Programs have ready access to psychiatric, medical and laboratory services.

An additional $76,888 is dedicated to youth in long-term residential programs with co-occurring disorders.

Funding Amount and Source: $7,264,948 (Federal and State)

PREGNANT WOMEN/WOMEN WITH DEPENDENT CHILDREN (PW/WDC) INITIATIVE

This initiative provides a coordinated network of specialized substance abuse treatment services targeted to pregnant women and women with dependent children (PW/WDC). Services include methadone maintenance, residential, halfway house, and outpatient level of care services. Programs are required to provide or arrange for the provision of gender specific services that address the needs of this population such as: primary medical care for women, referrals for prenatal care; primary pediatric care i.e., immunizations for their children; trauma informed and trauma specific substance abuse treatment and other therapeutic interventions for women to address issues of relationships, sexual and physical abuse and parenting; therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; case management, transportation and child care to ensure that women and their children have access to these services. Additional services include aftercare, linkages, assistance with housing, and recovery management.

Funding Amount and Source: $8,944,650 (Federal)

CHILD WELFARE REFORM PLAN/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Women with Children Initiative provides substance abuse treatment services to women and children under the supervision of DYFS. Services include residential treatment (a minimum of six (6) months to include a woman with an average of two (2) children), intensive outpatient and methadone intensive outpatient level of care treatment. First priority is given to referrals made by the Child Protection Substance Abuse Initiative (CPSAI) drug abuse counselor located in the local DYFS offices

following the established protocol. Second priority is given to self-referrals ("walk-ins") or referrals made by various sources (Probation, court, other providers, etc.) of women who are under DYFS supervision. Third priority is given to eligible women with dependent children who are in need of treatment and not under DYFS supervision. All priorities include pregnant women. Treatment is

family-centered and is both gender and trauma-specific. Substance abuse treatment and other therapeutic interventions are provided to address issues of domestic violence, sexual and physical abuse, relationships and parenting. These services are enhanced with case management, childcare, transportation, linkages, referrals to services in the community as well as recovery management. DYFS keeps all cases that are participating in this initiative open for the duration of treatment, and its ultimate goal is the reunification of these families.

Funding Amount and Source: $7,846,804 (State)

PREVENTION AND TREATMENT SERVICES FOR DEAF, HARD OF HEARING AND DISABLED INDIVIDUALS

This funding provides for prevention, education, treatment, intervention, interpreter, and advocacy services for the Deaf, hard of hearing, and disabled population.

Service Information: A mobile counselor and case management service is offered through funding to provide clinical assessment and treatment for clients who are Deaf and hard-of-hearing. Funding is provided for both individual and group treatment which includes outpatient and intensive outpatient modalities of treatment for individuals who are either Deaf or hard-of-hearing. Also provided is funding for case management and outpatient addiction treatment services, focusing on recovery for individuals with physical and developmental disabilities, which may include traumatic brain injury, fetal alcohol syndrome, epilepsy, and other physical or developmental disabilities. Other funding currently goes to provide prevention and referral for addictions and disability service providers, as well as funding to support community based programs for learning disabled youth.

Funding Amount and Source: $758,662 (Federal and State)

SOUTH JERSEY INITIATIVE (SJI)

This initiative targets adolescents (ages 13-18) and young adults (ages 18-24) from eight (8) counties (Ocean, Atlantic, Burlington, Camden, Gloucester, Cape May, Salem and Cumberland). It provides a continuum of care that includes methadone maintenance, detoxification, residential, halfway house, and outpatient treatment services.

Service Information: From program inception through June 2007, services have been provided to 8,887 clients. During SFY 2007, over 1,800 individuals (ages 13-24) were serviced by the initiative. Sixty-nine percent (69%) of the funds were used for residential services for adolescents and young adults, thirty percent (30%) was used for outpatient services.

Funding Amount and Source: $102,000 for Administration, $2,676,826 Services (State)

CO-OCCURRING SERVICES

Co-occurring substance abuse and mental health services are provided statewide through contracts by the Division of Addiction Services (DAS) and Division of Mental Health Services (DMHS).

The Detoxification Initiative is an initiative funded by DAS and DMHS for four (4) licensed residential sub acute detoxification facilities for 14 bed slots throughout the state to serve persons with co-occurring disorders referred through DMHS screening centers.

Funding Amount and Source: $522,776 from DAS, $522,776 from DMHS (State)

University Behavioral Healthcare has a partial care program providing services to a population of individuals with co-occurring mental health and substance abuse disorders.

Funding: $123,139

Preferred Behavioral Healthcare of NJ employs a substance abuse Counselor to provide co-occurring services for individuals with co-occurring mental health and substance abuse disorders in the agency's partial care program.

Funding: $30,784

Greater Trenton Behavioral Healthcare provides case management services for co-occurring clients with mental health and substance abuse disorders in Mercer County.

Funding: $92,350

Care Plus NJ Inc. provides outpatient services to co-occurring mental health and substance abuse clients.

Funding: $87,007

Residential co-occurring treatment services are provided at Sunrise House, Daytop and New Hope to serve adolescents and young adults with mental health and substance abuse disorders.

Funding: $181,681

INTEGRATED CO-OCCURRING INITIATIVE

To advance the integration of mental health services into the drug abuse treatment programs. This initiative provides funding for the psychologist, the psychiatrist, and the advanced nurse practitioner.

Funding Amount and Source: $1,530,899 (State and Federal)

HIV/AIDS SERVICES

The Division funds for Early Intervention Services (EIS) and HIV Specialist positions at 19 substance abuse treatment facilities statewide. Services are available in areas of the state that have the greatest need for these services.

Service Information: In SFY 2007, HIV/AIDS services are available at 19 substance abuse treatment facilities throughout the state providing outpatient treatment to include on-site intensive medical care, counseling, case management, referral, and drug treatment services. Services for HIV disease at these sites include pre- and post-test counseling, as well as the availability of HIV testing for all clients. Other funding goes directly to the Public Health and Environmental Laboratories (PHEL) to purchase laboratory services for processing specimens collected during on-site HIV testing.

Funding Amount and Source: $2,338,445 (Federal)

DRIVING UNDER THE INFLUENCE (DUI) INITIATIVE

New Jersey has set aside $7.5 million to support the treatment of financially indigent residents of New Jersey who have been convicted of Driving under the Influence (DUI). Theses treatment funds, which cover the full range of the continuum of care throughout the state, became available in November 2005. Financially indigent drunk drivers can receive the appropriate level and duration of treatment warranted, thus reducing the incidence of recidivism and ultimately creating safer highways. From November 2005 through August 2007, there were approximately 2900 convicted intoxicated drivers served under this initiative.

Funding Amount and Source: $188,366 Administrative Lead Agency; $2,668,659 Treatment Services (State)

NEW JERSEY ACCESS INITIATIVE (NJAI)

New Jersey was awarded a grant in response to the Access to Recovery voucher program opportunity, part of the President's faith based initiative. The original target population was opioid dependent abusers of all ages statewide. During this period, the target population was expanded to include crack/cocaine abusers as well The goal of the New Jersey Access Initiative (NJAI) is to provide clients with a service designed to "enhance" traditional

treatment. Treatment, community and faith based providers were invited to join the NJAI Network of Providers.

Service Information: Four thousand seventy four (4074) clients received assessments, residential detoxification if appropriate, Recovery Mentorship (a service in which a Recovery Mentor Associate (RMA) provides mentoring, support, and will facilitate referrals to support services), case supervision and limited transportation. Additional services became available to the NJAI clients during this time period including methadone treatment, outpatient treatment, intensive outpatient treatment, Suboxone treatment, spiritual counseling, job readiness counseling, dental services, temporary assistance with medications, psychiatric evaluations, Hepatitis testing and HIV testing,

Funding Amount and Source: $3,524,758.06 (Federal)

Division of Developmental Disabilities

TREATMENT FOR SUBSTANCE ABUSE

All four (4) regions of the Division purchase generic community programs for treatment of substance abuse by persons served on an as needed basis. Information about individual treatment specific to substance abuse is not tabulated.

Funding Amount: Unfunded

Division of Medical Assistance and Health Services

Medicaid reimburses for drug and alcohol treatment for both inpatient and outpatient hospital services and services provided at independent clinics.

INDEPENDENT CLINIC SUBSTANCE ABUSE SERVICES

The highest utilization of services was at the independent clinics.

Service Information: The population served was 18,955. It included three (3) groups: 1) children 21 and under (1,504); 2) women over 21 (9,724); and 3) men over 21 years (7,727). Fifty percent (50%) of adults served were between the ages of 35-49; children were 36% female and 64% male. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) African-American; and 3) African-American.

Funding Amount and Source: $29,327,590 Federal and State

INPATIENT HOSPITAL AND DRUG TREATMENT SERVICES

Inpatient substance abuse services are combined both for alcohol and drug dependence.

Service Information: A total of 1,797 people were served. Of these, 195 were 21 and under; 862 were adult females; and 740 were adult males. The largest racial group in each of these was 1) Caucasian; 2) African-American; and 3) Caucasian respectively.

Funding Amount and Source: $8,235,600 (Federal and State)

OUTPATIENT HOSPITAL DRUG TREATMENT 944, OUTPATIENT HOSPITAL ALCOHOL 945

This program offers outpatient hospital treatment services for alcohol abuse and for drug abuse. The revenue codes are combined.

Service Information: A total of 1,139 children, 1,475 adult females and 1,268 adult males received the services. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) African-American; 3) Caucasian respectively.

Funding Amount and Source: $5,009,531 (Federal and State)

Division of Mental Health Services

RESIDENTIAL ALCOHOL AND DRUG REHABILITATION

The Division of Mental Health Services (DMHS) contracts with two (2) residential rehabilitation centers:

Turning Point in Verona is under contract to provide 20 beds to DMHS agencies for individuals with severe and persistent mental illness and substance use disorders. The program has moved from the former site in Verona and are providing services to the DMHS population at St Clare's in Boonton until further notice.

Maryville in Williamstown provides beds for use by Ancora Psychiatric Hospital and Trenton Psychiatric Hospital to serve as a step down service for individuals in need of residential rehabilitation for alcohol and drugs.

Service Information: Both are 28-day alcohol and drug rehabilitation centers.

Funding Amount and Source: Turning Point: $1,315,794 State; Maryville: $187,357 (State)

PARTIAL CARE

Partial care provides a highly structured program with an emphasis on life skills for individuals in the community with severe and persistent mental illness who

need services at a level higher than outpatient treatment. Within all partial care programs are individuals who have co-occurring substance use disorders, but programs within this level of care differ in their dual disorders approach. Some partial care programs provide specialized tracks, some provide specialized groups and others are designed to specifically meet the needs of individuals with these co-occurring disorders. Partial care programs typically provide medication monitoring and education as part of their service.

Funding Amount: Included within $16.6 million state appropriation for partial care services and within the Medicaid fee-for-service reimbursements.

NEW VIEWS TREATMENT PROGRAM

New Views is a private non-profit agency, providing services to individuals under commitment to Greystone Park Psychiatric Hospital. The agency provides specific co-occurring disorders interventions. Services are provided both on wards, and at a central location. Length of stay in the program depends on clinical need.

Funding Amount and Source: $649,447 (State)

SCREENING

Screening is the point at which emergent care is provided in the mental health system. There is at least one (1) screening center in each county. Screening centers provide emergency assessment, crisis stabilization, referral and in some cases mobile outreach to individuals with severe and persistent mental illness. An average screening episode is approximately eight (8) hours in duration. Not all screening centers have the capacity to hold individuals overnight for stabilization.

Funding Amount: Included within the $47.5 million state appropriation for screening/emergency services.

TRAINING

DMHS provides statewide training on co-occurring mental illness and substance use disorders directly from Central Office and through contracted agencies. Training is provided to agency staff and directly to consumers. All Central Office training sessions are approved by the Addiction Professionals Certification Board of New Jersey. Topics presented range from beginning clinical technique, topics for wellness, recovery and life management, advanced best practice models.

Funding Amount: $172,732 (State)

DETOX PROJECT

DMHS and DAS jointly fund 14 beds statewide to serve as a diversion to state hospital admission for individuals who present in screening centers with co-occurring mental illness and substance use disorders.

Service Information: Service utilization database maintained and updated by DAS

Funding Amount: $522,776 DMHS, $522,776 DAS (State)
Note: Also reported in DAS section

INPATIENT PSYCHIATRIC HOSPITALIZATION

The mental health system has many resources throughout the state for inpatient treatment for individuals who have severe and persistent mental illness and are in need of a high level of service, highly structured programming and 24 hour supervision for stabilization. Within the system, inpatient treatment is provided in State and County Hospitals, Community Mental Health Centers and "free standing" hospitals. Within all of the hospitals, there are individuals in treatment who also have co-occurring substance use disorders.

Funding Amount: Included within the state and/or county appropriations and insurance fee payments for inpatient care.

OUTPATIENT

DMHS has a large network of agencies statewide that provides outpatient treatment to individuals with severe and persistent mental illness. Agencies that provide this level of care include Community Mental Health Centers, free-standing outpatient agencies, and satellite programs.

Funding Amount: Included within the $46.2 million state appropriation and insurance fee reimbursements for outpatient services.

CASE MANAGEMENT

DMHS provides case management both through specific agency contract and as one element of services that are offered in agency based treatment. Clinical case management consists of advocacy, referral, follow-up, and intervention both within the mental health system and across several different systems of care to meet identified needs. As with all DMHS services, this element of care has a primary target population of individuals with severe and persistent mental illness.

Funding Amount: Included within the $21.7 million state appropriation and the Medicaid fee reimbursements for case management services.

Division of Family Development

WORK FIRST NEW JERSEY SUBSTANCE ABUSE INITIATIVE (WFNJ/SAI)

The Work First New Jersey Substance Abuse Initiative (WFNJ/SAI) was implemented in 1998 through collaboration among the Divisions of Family Development (DFD), Division of Addiction Services (DAS) and Division of Medical Assistance and Health Services (DMAHS). The SAI combines public health and managed care principles to provide substance abuse services for eligible Temporary Assistance to Needy Families (TANF) and General Assistance (GA) clients. Consistent with the goals of WFNJ, the SAI uses an employment directed approach to address substance abuse as a barrier to work activities.

The SAI is operational statewide. It has two key components: (1) a managed care model of Assessment and Case Management services, and (2) prior authorization fee-for-service treatment offered by providers in the SAI Provider Network.

As part of an ongoing collaboration with the Department of Children and Family Division of Youth and Family Services, DFD has partially funded an expansion of the Child Protective Substance Abuse Initiative (CPSAI). Additionally, SAI implemented cross-systems Intensive Case Management for TANF and GA parents with active child welfare cases.

The statewide client flow totals for TANF and GA clients in FY 2007: (1) unduplicated (initial) referrals, completed assessments and treatment entries were 4,776, 4,337, and 3,039 respectively; and (2) duplicated numbers (e.g., volume of clients) for the same categories were 9,106, 6,966, and 5,396 The average episodes of care per client is approximately three (3), but the range is between one (1) and eight (8) episodes.

Funding Amount and Source: $6.2 million for the expanded CPSAI; $7.8 million for SAI Care Coordination and Intensive Case Management services; $23 million for SAI treatment services (Combined State and Federal Funding).

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Department/Agency Mission Statement: With a commitment to the highest standard of customer service, we will ensure the opportunity for employment at fair wages in a safe environment; enhance the quality of the State's labor force and labor market activities; stimulate economic growth; promote labor management harmony; and administer income support services to unemployed or disabled workers.

Prevention Information

Labor Relations and Human Resources

EMPLOYER HUMAN RESOURCES SUPPORT SERVICES

The HR Support unit, with expert trainers from Partnership for a Drug-Free New Jersey, conducts "Substance Abuse in the Workplace" seminars for employers in New Jersey to assist in the development of sound and legal policies that prevent, identify and properly deal with substance abuse among employees and job applicants. The unit also provides confidential assistance to individual employers to help them deal effectively with their respective workplace substance-abuse issues.

Service Information: This program is open to employers of New Jersey. The HR Support Services group is not involved in gathering any type of data on the companies' employees or the intervention and assistance efforts on the companies' part. The unit only provides educational and informative seminars and individual assistance to help employers deal effectively with their respective workplace substance-abuse issues.

Funding Amount: Funding for this program is part of the Division's operations.

Intervention & Referral Information

Workforce New Jersey

WORKFORCE NEW JERSEY

There is a partnership between One-Stop Programs and Services, Work First, Department of Labor and Workforce Development (LWD) and the Substance Abuse Initiative (SAI) whereby referrals are made to the SAI by LWD counselors and interviewers. During outpatient substance abuse treatment or upon completion of inpatient treatment, the Work First NJ registrant is referred to the LWD for job placement and other employability development services such as job seeking skills training, work experience, etc.
Service Information: The target population for this ongoing program is Work First NJ participants.

Funding Amount: Funding for this program is part of the Division's operations.

Division of Vocational Rehabilitation Services

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services is a statewide program that provides counseling, case management and individualized vocational rehabilitative services to individuals with disabilities, some of whom are substance abusers, to enable them to obtain and maintain employment. Services provided also include appropriate referrals to other agencies.

Service Information: This program serves individuals whose substance abuse prevents them from holding a job, and who can benefit from intervention. For FY 2007, there were 2,072 participants served.

Funding Amount: Funding for this program is part of the Division's operations.

Work/Life and Employee Assistance Programs

WORK/LIFE AND EMPLOYEE ASSISTANCE PROGRAMS

The Department's Employee Assistance Program (EAP) provides confidential employee assistance services to LWD employees with a variety of personal issues and concerns including drug and/or alcohol abuse, compulsive gambling and/or a family member's substance abuse. Services provided by the EAP include problem identification and assessment, referral and follow-up services. The program also provides supervisory training and consults with management on ATOD-related situations. EA services have been shown to decrease absenteeism, workers' compensation claims, grievances and workplace injuries and increase productivity.

Service Information: This program serves employees and management of the Department of Labor and Workforce Development.

Funding Amount: Funding for this program is part of the Department's administrative operations.

DEPARTMENT OF LAW AND PUBLIC SAFETY

PREVENTION INFORMATION

DIVISION OF ALCOHOLIC BEVERAGE CONTROL

"DANGERS OF UNDERAGE DRINKING" BILLBOARD/CALENDAR INITIATIVE

This Statewide initiative is designed to encourage middle school students and their parents to work together to create images and messages depicting the dangers of underage drinking, to be used on calendars and billboards Statewide.

Funding Amount: $25,000

Funding Source: Federal

"DANGERS OF UNDERAGE DRINKING" RADIO PUBLIC SERVICE ANNOUNCEMENT

In response to increasing concerns about alcohol use among middle school students and the critical role parents play in helping to combat underage drinking at this age, this initiative will educate both students and parents about the dangers of underage drinking. Specifically, middle school students throughout the State will be asked to create written 30 second radio public service announcements that talk directly to parents about the role they play in preventing underage alcohol use.

Funding Amount: $20,000

Funding Source: Federal

COPS IN SHOPS/UNDERCOVER OPERATIONS

Cops in Shops is a Statewide initiative designed to combat underage drinking by bringing local undercover police officers and retail liquor establishments together to both prevent the illegal purchase of alcohol by underage individuals and to stop adults from purchasing alcohol for people under the legal age. With Undercover Operations, police officers working undercover as patrons in retail consumption establishments, conduct operations identifying underage purchasers as well as those who sell to them.

Funding Amount: $147,000

Funding Source: Federal

COLLEGE SUMMIT ON UNDERAGE DRINKING

The main purpose of this program is to host an annual Statewide conference for representatives from New Jersey colleges and universities to discuss the pervasive problems related to underage drinking in the college environment and to develop strategies best suited to each college community. This conference brings together community leaders, law enforcement agencies, liquor retailers, prevention specialists and college representatives to discuss the problems of underage drinking in and around the college environment. An additional component for this funding year includes a program for three colleges to implement an environmental best-practice strategy on their campuses and/or surrounding communities. The purpose of this initiative is to strengthen campus underage drinking prevention efforts and to strengthen coalitions initiated in previous years.

Funding Amount: $50,000

Funding Source: Federal

COMMUNITY COALITION ON UNDERAGE DRINKING

The community Coalition on Underage Drinking program will seek to address the issue of underage drinking through a community effort that will involve parents, including PTA/PTO groups, youth, including SADD or other similar organizations, middle school and high school educators, community leaders and local law enforcement. "Parents Who Host, Lose the Most", a public awareness campaign created by the Ohio Drug Free Action Alliance, will be incorporated into the program. This campaign will also be integrated with other ongoing prevention efforts such as WE check for 21, Responsible Hospitality Resource Panels and Fatal Vision Goggles.

Funding Amount: $40,000

Funding Source Federal

LOLLANOBOOZA

Designed to give students a chance to engage in a variety of alcohol-free activities and programs. This event provides a social outlet that does not support the consumption of alcohol

Funding Amount: $20,000

Funding Source: Federal

FATAL VISION GOGGLES

Fatal Vision Goggles are used as an educational tool to assist agencies in educating middle school and high school students on both the dangers and consequences of underage drinking and impaired driving. The goggles are used as a tool for informing young people about the impact of alcohol on perception and body control, and to provide an opportunity to experience firsthand the potentially fatal consequences of alcohol.

Funding Amount: $30,000

Funding Source: Federal

DIVISION OF STATE POLICE

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or personal problems. The program provides information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is $964,048. The amount below is the amount spent on Prevention Information. The remainder is spent on Intervention and Referral Information.

Funding Amount: $512,619

Funding Source: State

YOUTH LEADERSHIP SAFETY PROGRAM

The purpose of this program is to address the evolving issues of community oriented policing in our urban areas, schools and communities. The purpose of the Youth Leadership Safety program is a collaborative effort

designed to offer an educational safety awareness curriculum in the classroom as a means to recognize and prevent natural and created pressures that may harm or influence our children.

The program delivers preventive measures to heighten those protective components with a specific emphasis on family, school and community bonding strategies. These strategies focus on the development of social competence, communication skills, respect, responsibilities, decision making, conflict resolution, a sense of purpose and selective positive alternatives. The lessons taught by the law enforcement officer extend and reinforce the instructional content on substance abuse and anti-social behavior prevention being taught by the regular classroom teacher. The use of sworn, street-experienced, trained law enforcement officers has proven to be a highly effective strategy in helping provide credible education for students in drug abuse, violence and gang prevention.

Funding Amount: $3,320,728

Funding Source: State

NEW JERSEY RACING COMMISSION

PREVENTION, EDUCATION & TREATMENT PROGRAMS FOR THE BENEFIT OF COMPULSIVE GAMBLING

Beginning in FY 2004, the New Jersey Racing Commission began assessing the racing industry on an annual basis and forwarding funds to the Department of Health and Senior Services. These funds are used by that Department for prevention, education and treatment programs for compulsive gambling.

Service Information: Outcome measures include behavioral intentions, attitudes and knowledge.

Funding Amount: $200,000

Funding Source: Dedicated (Assessed to Racing Industry)

RANDOM URINE TESTING

The New Jersey Racing Commission administers a random urine test program for jockeys, grooms, drivers and racing officials. Samples are tested by laboratories staffed by State Police personnel for the presence of controlled dangerous substances. New Jersey racetrack and horse owners fund this program. This mandated program pays for the lab fees related to the services provided by the State Police on site. A specific evaluation and treatment program is required.

Service Information: Outcome measures include attitudes, reduced risk factors and increased protective factors.

Funding Amount: $300,000

Funding Source: Dedicated (Assessed to Racing Industry)

RANDOM BREATHALYZER TESTING

The New Jersey Racing Commission staff administers a random Breathalyzer test to race participant's= jockeys, grooms, drivers and racing officials. New Jersey racetrack owners fund this program. Participants in violation would be fined or have their Racing Commission license suspended.

Service Information: Outcome measures include attitudes, reduced risk factors and increased protective factors.

Funding Amount: $25,000

Funding Source: Dedicated (Assessed to Racing Industry)

DIVISION OF HIGHWAY AND TRAFFIC SAFETY

DWI ENFORCEMENT PROGRAMS

Impaired driving enforcement programs were conducted during the December/January holiday period of 2006/2007. The 2006/2007 impaired driving crackdown resulted in 441 DWI arrests. In addition, the participating police departments issued 2,538 and 1,445 speeding and seat belt summonses respectively, as well as 20,639 other citations. While the crackdown=s focus was on impaired driving, motorists were also

reminded of the State=s commitment to proper restraint, observing the posted speed limit and other lifesaving traffic safety laws. Police agency participation in the crackdown increased from 124 in 2005 to 126 in 2006/2007. All of the police departments in Bergen (70) and Essex Counties (23), 30 in Mercer and Monmouth Counties, and three others outside the four-county area joined in the effort. Media coverage of the crackdown was strong as daily and weekly newspapers and radio stations ran print and online stories about stepped-up enforcement and the resulting penalties associated with a DWI arrest. Municipal governments also provided support through public resolutions.

The Statewide You Drink and DriveΛYou Lose impaired driving campaign was conducted from August 17 B September 3, 2007. The law enforcement community conducted high-visibility checkpoints and roving patrols during the campaign. Media events were covered by television, radio and print journalists that served to raise awareness of the DWI campaign. Highlights of the two-week campaign included participation by nearly 400 police agencies and over 1,300 DWI arrests were made.

Funding Amount: $1,440,254

Funding Source: Federal Funds

TRAINING

The Alcohol/Drug Test Unit (ADTU) coordinators continued to train new breathalyzer operators at five-day Breathalyzer Operator Courses in 2007. There are currently over 11,000 certified breathalyzer operators in the State. The ADTU coordinators also re-certified breathalyzer operators, conducting one-day re-certification classes. ADTU coordinators also trained police officers in DWI identification, apprehension, processing and prosecution at the Standardized Field Sobriety classes. Additionally, the ADTU re-certified officers at one-day Standardized Field Sobriety Test refresher courses.

The ADTU also coordinated the Drug Evaluation Classification/Drug Recognition Expert training program. This training enabled police officers to classify operators of motor vehicles as being under the influence of one or more of seven categories of drugs other than alcohol. The ADTU conducted training for Drug Recognition Experts (DRE). Additionally, certified DRE=s satisfied the mandatory requirements and was re-certified at re-certification classes.

Funding Amount: $483,075

Funding Source: Federal Funds

COLLEGE/HIGH SCHOOL PROGRAMS

Three peer educator programs were conducted at the College of New Jersey, Stockton College and New Jersey City University. The premise of peer education is that young people are more likely to hear a message and consequently change their attitudes and behavior if they see that the messenger has a similar lifestyle to their own and faces similar concerns and pressures. The key components of the program included presentations on substance abuse and highway safety, both on-campus and in the surrounding communities; information tables and events on campus which provided students with information and resources on substance abuse and highway safety and a mentoring/training program with local high schools to help teenagers develop the skills to resist alcohol and drugs, provide them with positive role models, link them to the college/university and spread the message of substance abuse prevention and highway safety.

The Rutgers Comprehensive Alcohol and Traffic Education and Enforcement (R-CAT) Program used enforcement, educational activities and community outreach efforts to deter unsafe activities on campus. The R-CAT program was administered by the Rutgers University Police Department. Comprehensive mobile driving while intoxicated enforcement patrols were conducted on or near the Rutgers campus. Violations were citied with the most arrests occurring on the New Brunswick campus, near fraternity houses and local bars. The education component provided training resources to police officers and community service staff members to continue distributing educational materials and maintain a website on drug and alcohol prevention. Alcohol and drug abuse prevention and awareness training programs were also held for students and staff members. Discussion topics included, but were not limited to, alcohol awareness, responsible social hosting, underage drinking violations of first year students, laws and fines associated with DWI offenses and drunk driving prevention.

The Middlesex County A3D Don=t Drink and Drive Contest@ invited teens in all public and non-public Middlesex County High Schools to submit English and/or Spanish 30 second student produced public service

announcement that focused on the consequences of drinking and driving. This program was promoted through school assemblies, county fairs, media coverage and collaboration with many community partners.

Funding Amount: $177,725

Funding Source: Federal Funds

DRUNK DRIVING ENFORCEMENT FUND

The Drunk Driving Enforcement Fund establishes a $100.00 surcharge on each conviction for drunk driving. Monies in this fund are distributed to municipalities and to State, county and interstate law enforcement agencies. The purpose is to increase enforcement of the laws pertaining to drinking and driving. Each law enforcement agency whose officers make arrests leading to DWI convictions and imposition of the surcharge is entitled to grants representing its proportionate contribution to the fund.

Municipalities, the Division of State Police, interstate law enforcement agencies and county law enforcement agencies apply to the Division to use Drunk Driving Enforcement Fund monies for additional DWI enforcement patrols and any appropriate measures pertaining to other DWI activities as approved by the Director of the Division of Highway Traffic Safety.

A total of $3.5 million was made available to law enforcement agencies during State Fiscal Year 2007 (July 1, 2006 – June 30, 2007) in an effort to reduce alcohol-related fatalities and crashes.

Funding Amount: $3.5 million

Funding Source: Dedicated

INTERVENTION & REFERRAL INFORMATION

DIVISION OF STATE POLICE

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or

personal problems. The program provides information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is $964,048. The amount below is the amount spent on Intervention and Referral Information. The remainder is spent on Prevention Information.

Funding Amount: $451,429

Funding Source: DSS - State

TREATMENT INFORMATION

DIVISION OF CRIMINAL JUSTICE

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) FOR STATE PRISONERS GRANT PROGRAM

RSAT Adult Correctional Treatment Program
A grant awarded to the Department of Corrections funds a therapeutic community treatment programs that provides six to twelve months of substance abuse treatment to incarcerated adults.

Funding Amount and Source: $76,336 (Federal), $25,445(State)

ATLANTIC COUNTY RSAT JAIL-BASED TREATMENT PROGRAM

RSAT funds are awarded to the Atlantic County Department of Law and Public Safety for a substance abuse treatment program that serves approximately 60 inmates per year. Participants receive a minimum of three months of treatment services.

Funding Amount and Source: $22,500 (Federal), $7,500 (County)

"OFFICE OF THE PUBLIC DEFENDER " (Byrne)

A Grant to the Office of the Public Defender supports an attorney assistant/social worker position to assess and screen program participants

for placement with social service and treatment agencies. The program works in conjunction with the Camden Safer Cities Initiative.

Funding Amount and Source: $50,000 (Federal), $16,667 (State)

PROJECT SAFE NEIGHBORHOODS GRANT PROGRAM

A juvenile component of the Project Safe Neighborhood program provides intensive supervision and case management, including substance abuse treatment, to juvenile probationers and parolees in Mercer and Passaic Counties.

Funding Amount: $159,728, Funding Source: Federal

NEW JERSEY RACING COMMISSION

ON-SITE ALCOHOL AND OTHER DRUG COUNSELING

The Backstretch Benevolent Fund provides funding, on occasion, to support salaries of an on-site (racetrack) alcohol and other drug counselor for an expanded group of backstretch personnel. The funding amount varies.

Funding Amount: Variable

Funding Source: Dedicated (Assessed to Racing Industry)

JUVENILE JUSTICE COMMISSION (JJC)

JUVENILE ACCOUNTABILITY BLOCK GRANT (JABG)

The purpose of the JAIBG Program is to provide states and units of local government with funds to develop programs to promote greater accountability in the juvenile justice system. Funds are available for 11 program areas, one of which is substance abuse. Currently, funds are used to support two substance abuse personnel.

Funding Amount and Source: **$94,698** **FFY2007 Federal**
$11,691 **FY 2007 State**

COMPREHENSIVE SUBSTANCE ABUSE ASSESSMENTS

Comprehensive substance abuse assessments are conducted on youth entering the Juvenile Justice Commission. The Commission has contracted with the Mercer Council on Alcohol and Drug Addiction for the services of two Certified Alcohol and Drug Counselors. Information compiled through the use of customized assessments is correlated with the American Society of Addiction Medicine=s Adolescent Patient Placement Criteria (ASAM-PPC-2R) for use in determining level of care.

Funding Amount: $33,024

Funding Source: State

ALPHA META

The JJC Residential Substance Abuse Program at New Jersey Training School for Boys, Jamesburg (NJTSB) provides treatment, placement, aftercare referral and evaluation to participants of this 52 bed, residential Therapeutic Community. An administrator coordinates all aspects of substance abuse treatment. Substance abuse counselors provide assessment, case management, counseling, aftercare referral and follow up. A substance abuse program liaison interfaces with NJTSB

classification to ensure proper referrals to the Substance Abuse Program, coordinates transfers to programs in the community and provides follow up case management for all juveniles placed in community programs and aftercare services. Drug testing is done two times per month on a random basis and additional testing for cause is done in order to maintain a drug free environment.

Funding Amount: $325,820

Funding Source: State

DEVELOPING OPPORTUNITIES AND VALUES THROUGH EDUCATION AND SUBSTANCE ABUSE TREATMENT (D.O.V.E.S)

This JJC Residential Substance Abuse Program for Females, located in Valentine Hall, provides treatment, placement, aftercare referral and evaluation to participants of this 17-bed, residential Therapeutic Community. (Two beds are designated for Arelapse intervention@.) And administrator coordinates all aspects of substance abuse treatment. Substance abuse counselors provide assessment, case management, counseling, aftercare referral and follow up. Gender specificity is paramount. Participants are also provided the opportunity to learn various skills to assist with job searches as well as health related issues such as first aid, Planned Parenthood and parenting skills.

Funding Amount and Source: **$281,250** **FFY2006 Federal**
$395,750 **FY2007 State**

NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES-CONTRACTED BEDS

Through a memorandum of Agreement (MOA) between the Department of Health and the Juvenile Justice Commission (JJC), substance abuse rehabilitation services are provided by the Department of Health and Senior Services (DHSS), Division of Addiction Services, to juvenile substance abusers under the custody and care of the Commission. The Commission has the use of 61 beds and reimburses the DHSS for eight beds via the MOA. JJC also has access to 793 treatment bed days for young adults at the Discovery House Program. The following programs utilize the DHSS= services: Integrity in Newark, Integrity in Secaucus, and New Hope in Marlborough, New Hope in Secaucus, and Newark Renaissance B Treatment and Discovery House.

Funding Amount: **$227,008**

Funding Source: **Grants-in-Aid**

JJC RESIDENTIAL COMMUNITY HOME (RCH): CAMPUS RCH

Campus RCH, located in Camden County, is the Commission=s original substance abuse treatment program which serves up to 40 male residents. It utilizes the principles of cognitive-behavioral and motivational therapies, supported by a customized social learning curriculum within a Therapeutic Community milieu.

Funding Amount: **$1,000,000**

Funding Source: **State**

JJC RESIDENTIAL COMMUNITY HOME (RCH): OCEAN RCH

Ocean RCH, located in Ocean County serves up to 40 male residents. It utilizes the principles of cognitive-behavioral and motivational therapies, supported by a customized social learning curriculum within a Therapeutic Community milieu.

Funding Amount: **$900,000**

Funding Source: **State**

FATAL VISION GOGGLES

The Juvenile Justice Commission participates in the AEnforcing the Underage Drinking Laws Grant Program@ through the use of Fatal Vision Goggles. This program increases the knowledge and understanding of youth both in correctional and non-correctional settings, about the laws, consequences and experience of being under the influence of alcohol using simulator goggles and supportive classroom materials.

Funding Amount: **$15,000**

Funding Source: **Division of ABC, who subgrants the Federal monies to JJC**

DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS

Department Mission Statement: The New Jersey Department of Military and Veterans Affairs' mission is to provide trained and ready forces prepared for rapid response to a wide range of civil and military operations, while providing exemplary services to the citizens and veterans of New Jersey.

Prevention Information

New Jersey National Guard

RED RIBBON CAMPAIGN

The National Guard is actively involved in the Aviation Role Model Program, an initiative in which Army National Guard pilots on drug free life style, education and physical education.

Service Information: The New Jersey National Guard, DEA and the New Jersey Prevention Network distributed an estimated 24,000 red ribbons to schools, law enforcement agencies and community-based organizations with the goal of bringing awareness of the current drug problem to the forefront. This program served 3,776 students in grades 5-12 located in Sussex and Union counties. The program is measured by the number of information brochures, red ribbons, videos and CD ROMs distributed, as well as the umber of students that were reached through drug awareness presentations.

Funding Amount: 60,500

Funding Source: Federal

YOUTH CAMPS – NJ NATIONAL GUARD – COUNTERDRUG TASK FORCE

The New Jersey National Guard and D.A.R.E. New Jersey, as well as other local law enforcement agencies, reduce risk factors by rewarding youth that have repeatedly shown an adherence to a drug free lifestyle. The selection criteria is rigid, but students that are recommended and selected are encouraged to continue their healthy life choices.

Service Information: This program served 98 children in grades 5 and 6 as well as 15 children in grades 7 and 8. Both male and female students were equally represented in grades 5 and 6. There were more males than females in the older grades. In grades 5 and 6, all 21 counties were represented. In grades 7 and 8, Essex, Hudson, Monmouth, Ocean, Passaic and Sussex counties were

represented. This program is an alternative activity. The program is measured by the number of participants.

Funding Amount: 50,000

Funding Source: Federal

DRUG AWARENESS EDUCATION

The New Jersey National Guard provides drug awareness education in an attempt to develop students' individually held values and knowledge about drugs and society. The program is designed to demonstrate how our personal values and the choices we make impact drug use.

Service Information: Three thousand five hundred sixty six students in grades 5-12 from Bergen, Burlington, Camden, Essex, Hudson, Middlesex, Ocean, Passaic, Sussex and Union counties participated in this program. The program is measured by the number of students reached and schools visited thought New Jersey.

Funding Amount: 140,000

Funding Source: Federal

STAY ON TRACK

The New Jersey National Guard provides the Stay on Track program to Middle School students, their teachers, and their families. Stay on Track primary focus is to provide a curriculum of materials and supplemental products to reduce future substance abuse by reinforcing the drug-free commitment of America's youth through Cognitive Development, Social Skills Development, and Emotional Development.

Service Information: The New Jersey National Guard will implement the Stay on Track in Burlington and Sussex counties, two of the twenty one counties it's first year of inception. The program will serve 600 children in grades 6th, 7th, and 8th through 12/45-minute lessons in school classrooms, after-school settings and other school and youth-organization settings. Stay on Track contributes directly to Middle Level National Learning Standards for students in Health, Life Sciences and Language Arts. The program uses instruction and assessment that enhance optimal physical, mental, social, and emotional development of students necessary for lifelong health and learning.

Funding Amount: 150,000
Funding Source: Federal

DEPARTMENT OF PERSONNEL

Employee Advisory Services

Established in 1973, the Employee Advisory Service (EAS) is one of the longest-running government Employee Assistance Programs (EAP) in the nation with more than three decades of experience. Through contracts, it provides employee assistance services to all but one State Department of the Executive Branch; 13 State Commissions or Boards; the New Jersey Judiciary; 5 New Jersey Colleges or Universities; 12 Municipal and County Agencies; and two Non-Profit Agencies. This is approximately 75,000 employees who are located throughout the state.

The Employee Advisory Service is a Division of the New Jersey Department of Personnel. The statutory authorization for EAS (NJSA 11A: 6-26(b)) was enacted on September 25, 1986. Counseling and referral services are available to employees and employees' immediate families regarding difficulties which affect the employee's job performance and/or overall well-being. EAS uses the standard employee assistance program model of interview, assess and referral which incorporates components of prevention, intervention and assisting into treatment services. As part of its EAP services to agencies, EAS oversees and approves all State Department's Workplace Violence Plans and provides technical and policy assistance on these matters. In addition, EAS counselors assess and recommend appropriate clinical or remedial action regarding individual workplace violence incidents.

The Employee Advisory Service is proactive in assisting the State Health Benefits Program (SHBP) with the selection of medical insurance providers. EAS evaluates the insurance providers on their performance of delivering mental health services to government employees. EAS works closely with all individual medical providers to ensure that clients obtain the optimal benefits allowed under the plan.

EAS is also the project coordinator of the state contract for drug and alcohol testing for employees who are required to maintain a Commercial Driver's License. Any employee that has tested positively for drugs or alcohol must be seen by EAS for an assessment/evaluation. Once treatment is provided, EAS contacts the employer to have the employee re-tested to return to work. EAS is able to provide educational seminars on substance abuse and addiction related to Federal CDL regulations.

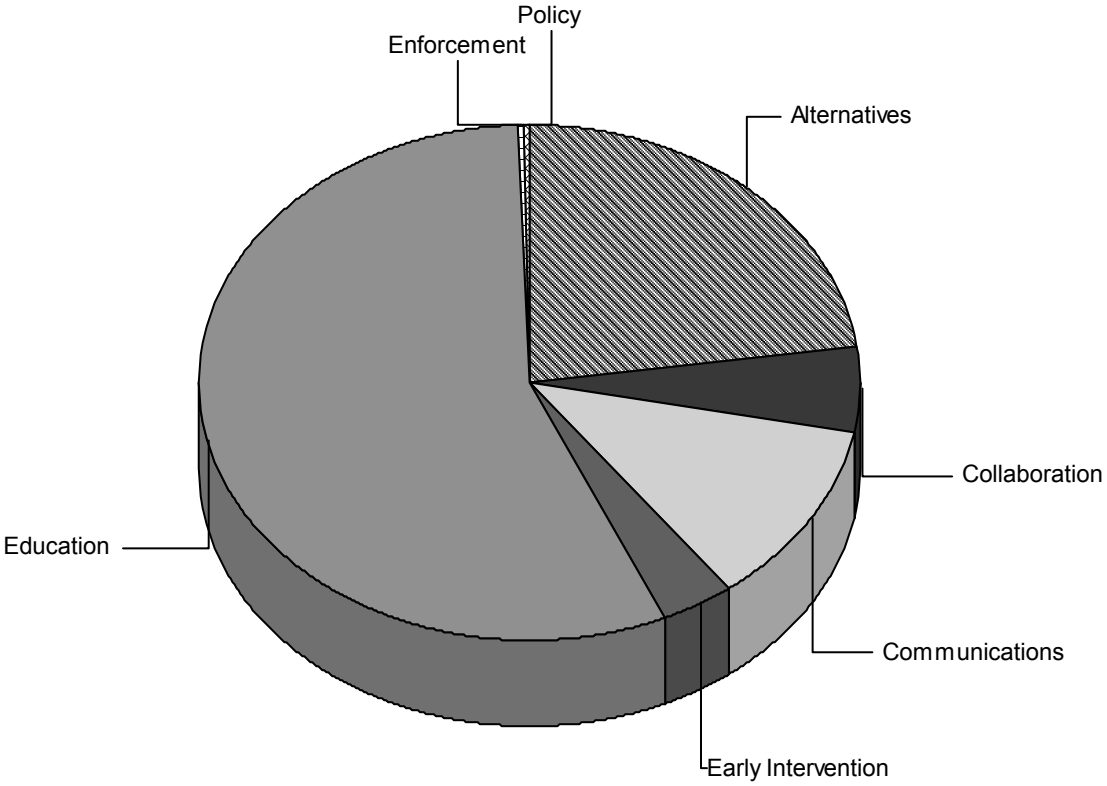
The main office of EAS is currently located at 200 Woolverton Street, Trenton, New Jersey. Four full-time counselors and several counselor-affiliates (screened, hired and paid by EAS) provide services on a statewide basis.

The Employee Advisory Service maintains an active client base of approximately 2,400 employees and holds over 4,200 individual and group sessions annually.

Funding is provided by direct State Appropriations and Revenues Received.

Percentage of Programs by CSAP Strategy

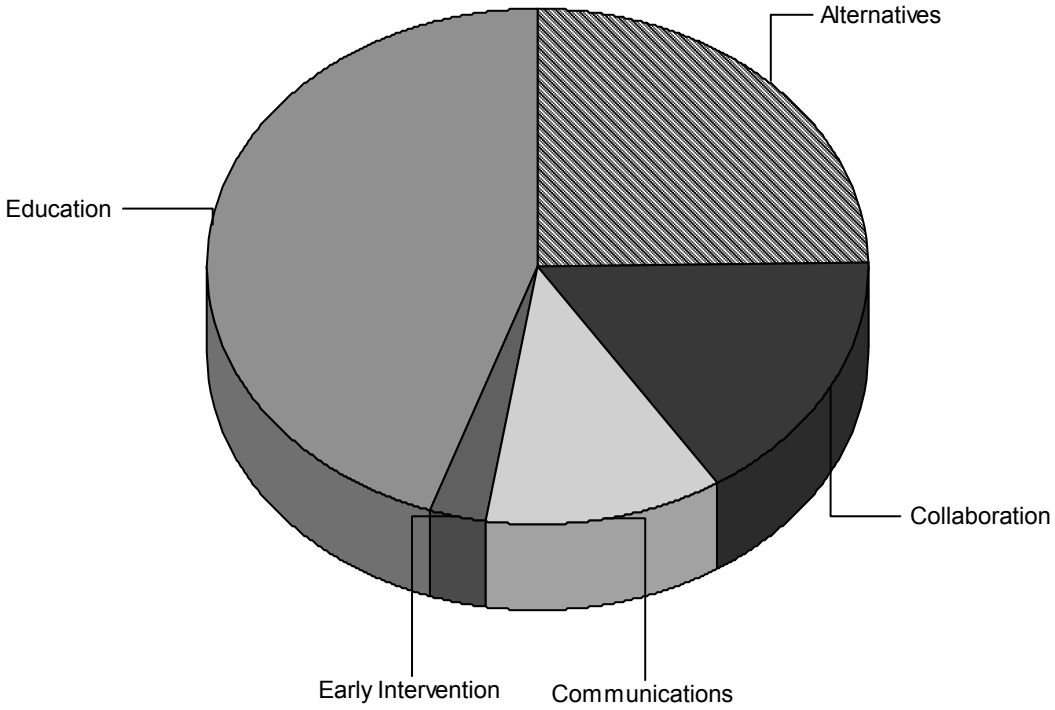
Grant Year: 2007 County: ALL



Alternatives	847	22.7%
Collaboration	204	5.5%
Communications	430	11.5%
Early Intervention	134	3.6%
Education	2101	56.2%
Enforcement	9	0.2%
Policy	12	0.3%
Total:	3737	100.0%

Percentage of Programs by CSAP Strategy

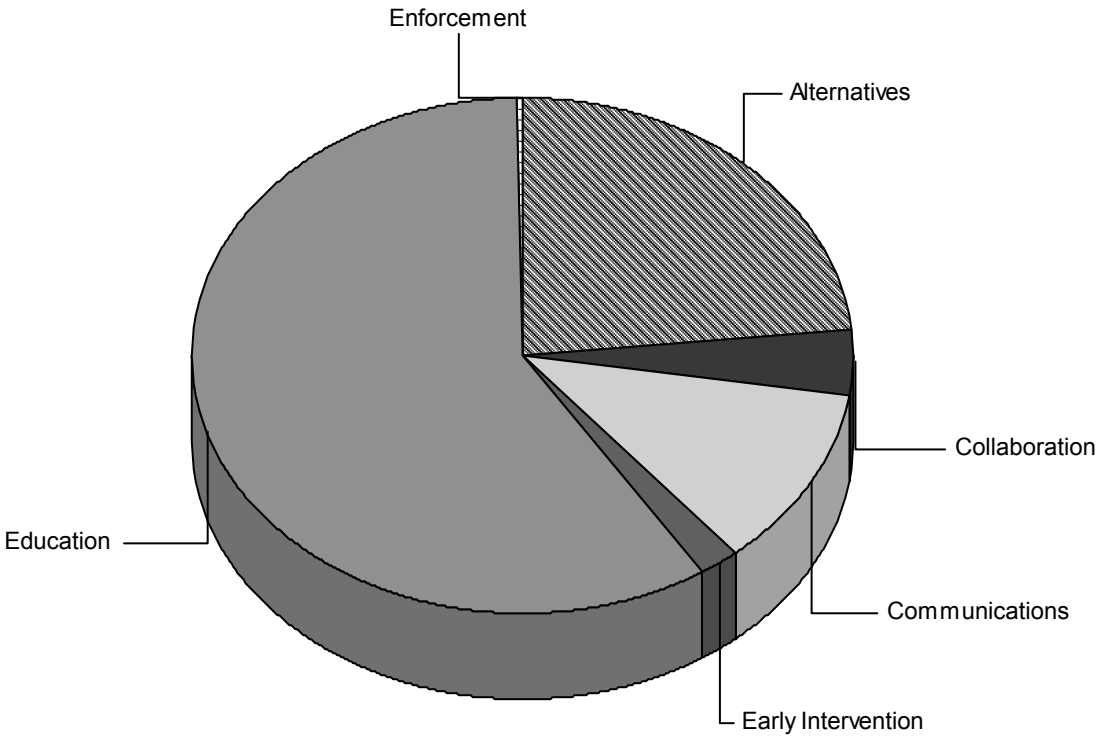
Grant Year: 2007 County: Atlantic



Alternatives	38	24.7%
Collaboration	25	16.2%
Communications	18	11.7%
Early Intervention	4	2.6%
Education	69	44.8%
Total:	154	100.0%

Percentage of Programs by CSAP Strategy

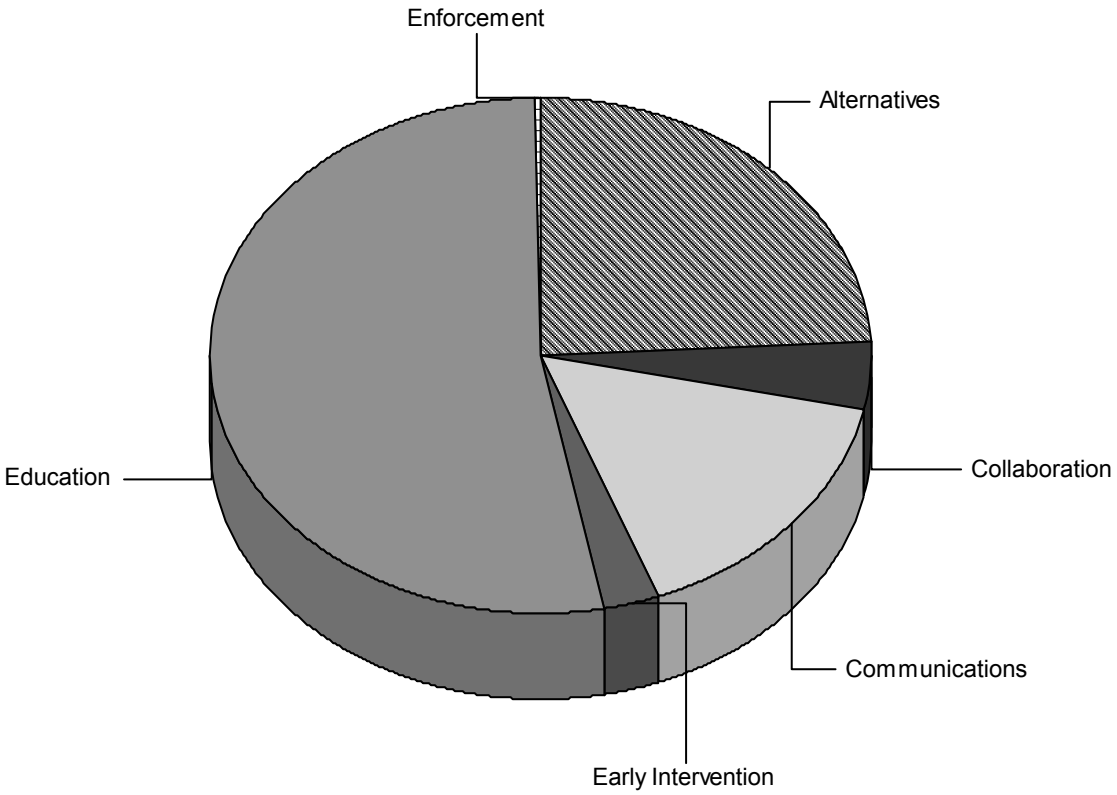
Grant Year: 2007 County: Bergen



Alternatives	118	23.2%
Collaboration	22	4.3%
Communications	57	11.2%
Early Intervention	11	2.2%
Education	298	58.7%
Enforcement	2	0.4%
Total:	508	100.0%

Percentage of Programs by CSAP Strategy

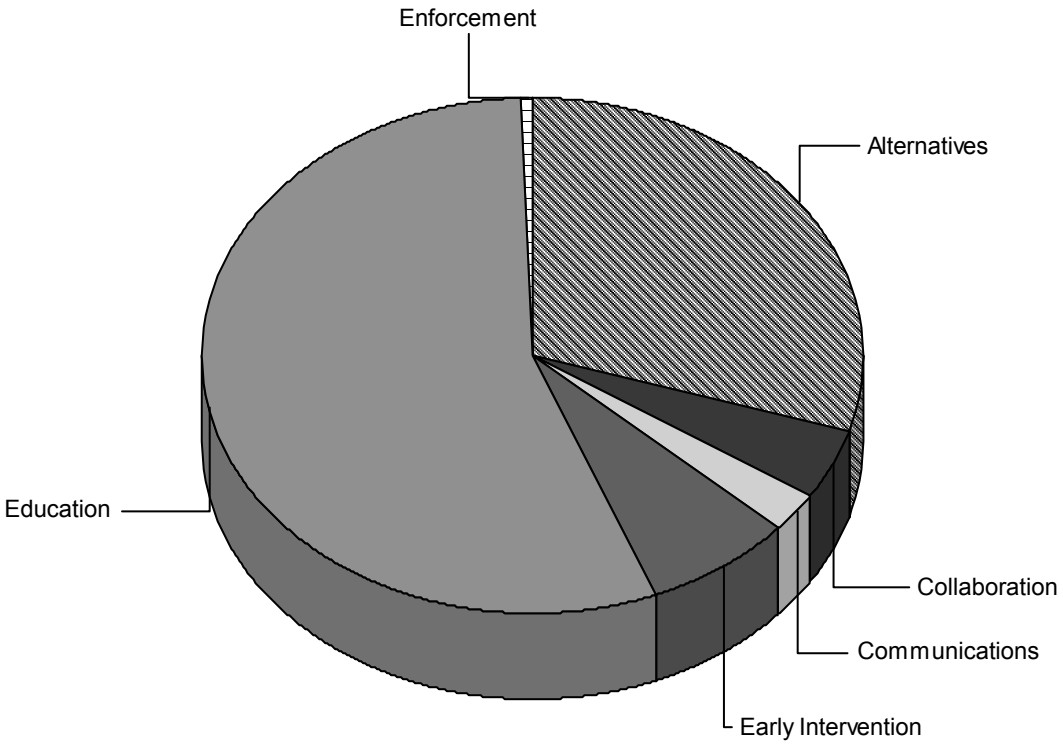
Grant Year: 2007 County: Burlington



Alternatives	63	24.2%
Collaboration	11	4.2%
Communications	41	15.8%
Early Intervention	7	2.7%
Education	137	52.7%
Enforcement	1	0.4%
Total:	260	100.0%

Percentage of Programs by CSAP Strategy

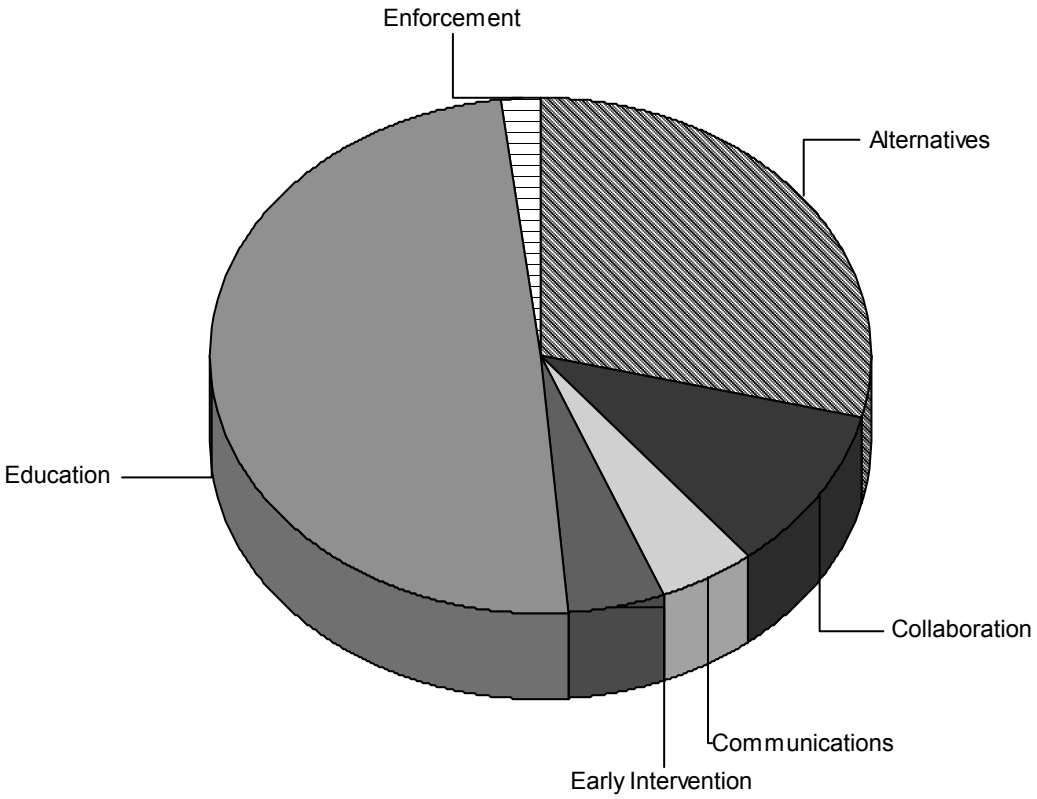
Grant Year: 2007 County: Camden



Alternatives	69	29.7%
Collaboration	10	4.3%
Communications	6	2.6%
Early Intervention	17	7.3%
Education	129	55.6%
Enforcement	1	0.4%
Total:	232	100.0%

Percentage of Programs by CSAP Strategy

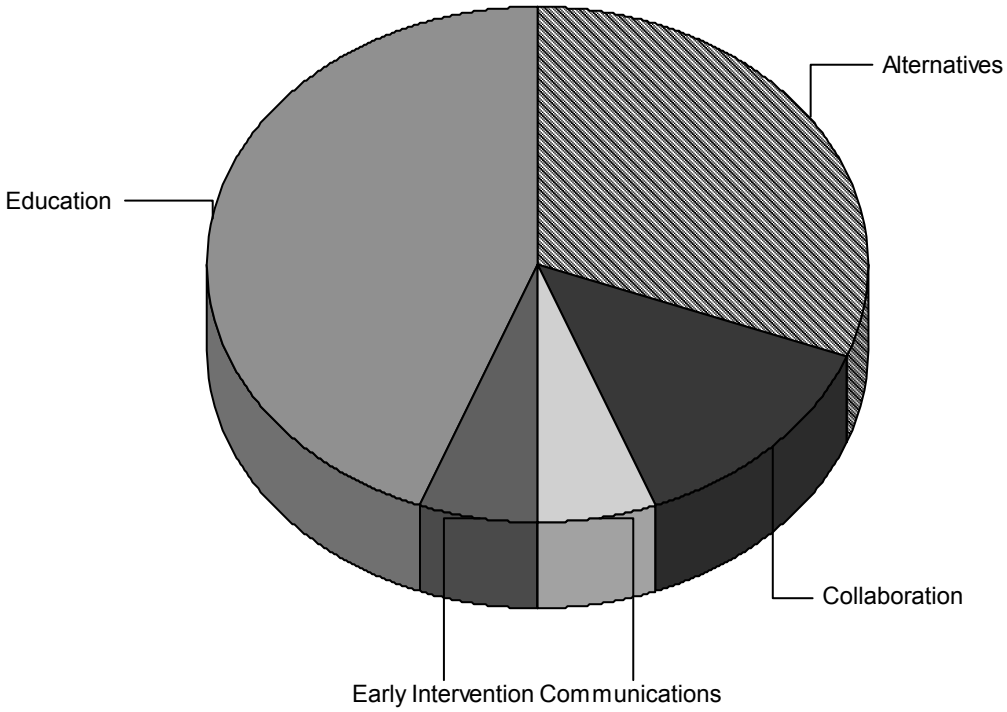
Grant Year: 2007 County: Cape May



Alternatives	31	29.0%
Collaboration	11	10.3%
Communications	5	4.7%
Early Intervention	5	4.7%
Education	53	49.5%
Enforcement	2	1.9%
Total:	107	100.0%

Percentage of Programs by CSAP Strategy

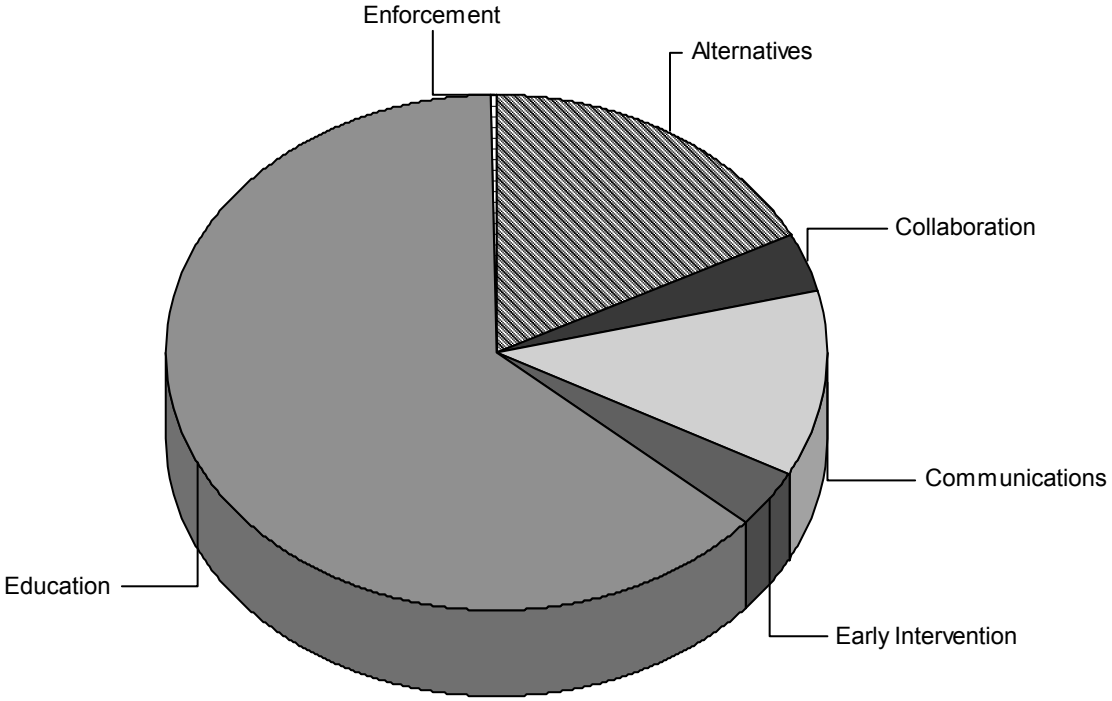
Grant Year: 2007 County: Cumberland



Alternatives	16	30.8%
Collaboration	7	13.5%
Communications	3	5.8%
Early Intervention	3	5.8%
Education	23	44.2%
Total:	52	100.0%

Percentage of Programs by CSAP Strategy

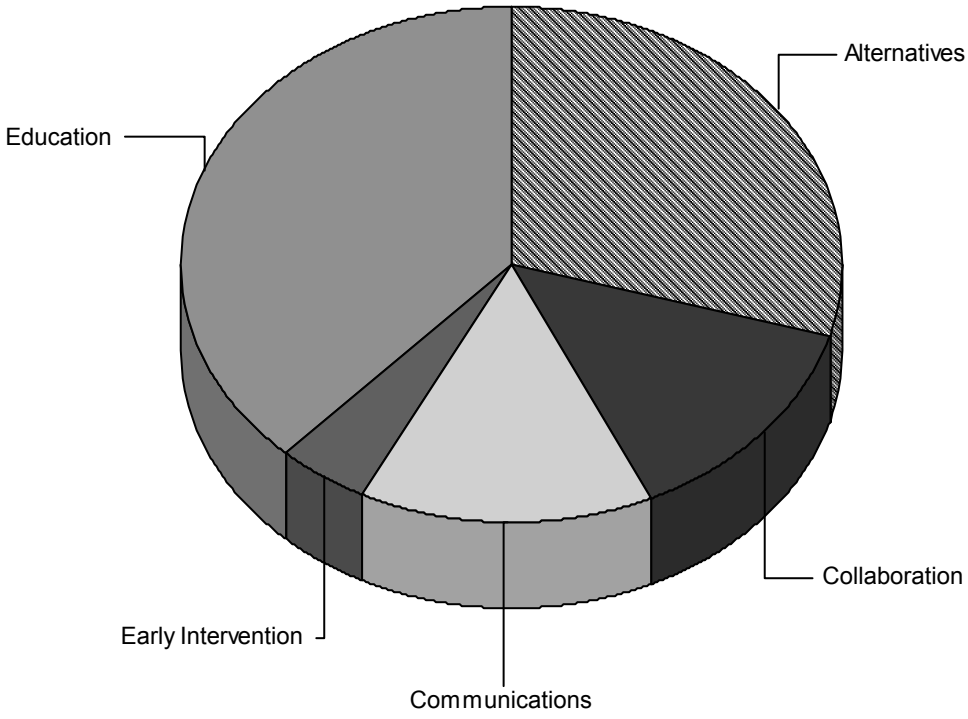
Grant Year: 2007 County: Essex



Alternatives	43	17.4%
Collaboration	9	3.6%
Communications	29	11.7%
Early Intervention	9	3.6%
Education	156	63.2%
Enforcement	1	0.4%
Total:	247	100.0%

Percentage of Programs by CSAP Strategy

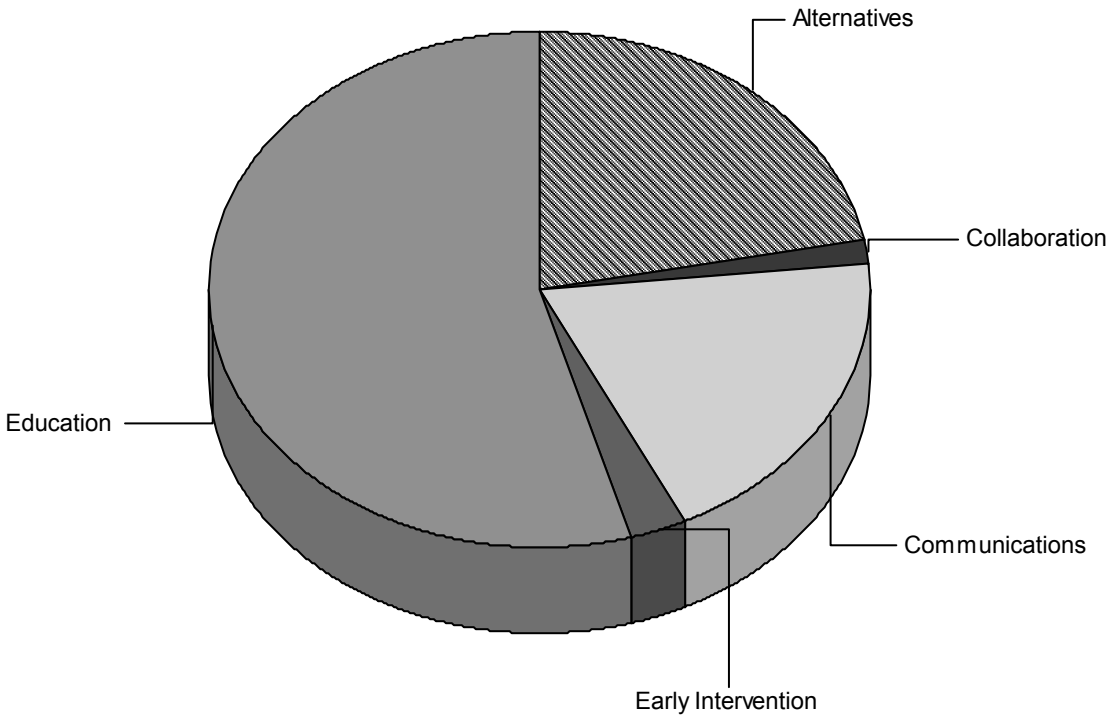
Grant Year: 2007 County: Gloucester



Alternatives	55	29.6%
Collaboration	25	13.4%
Communications	27	14.5%
Early Intervention	8	4.3%
Education	71	38.2%
Total:	186	100.0%

Percentage of Programs by CSAP Strategy

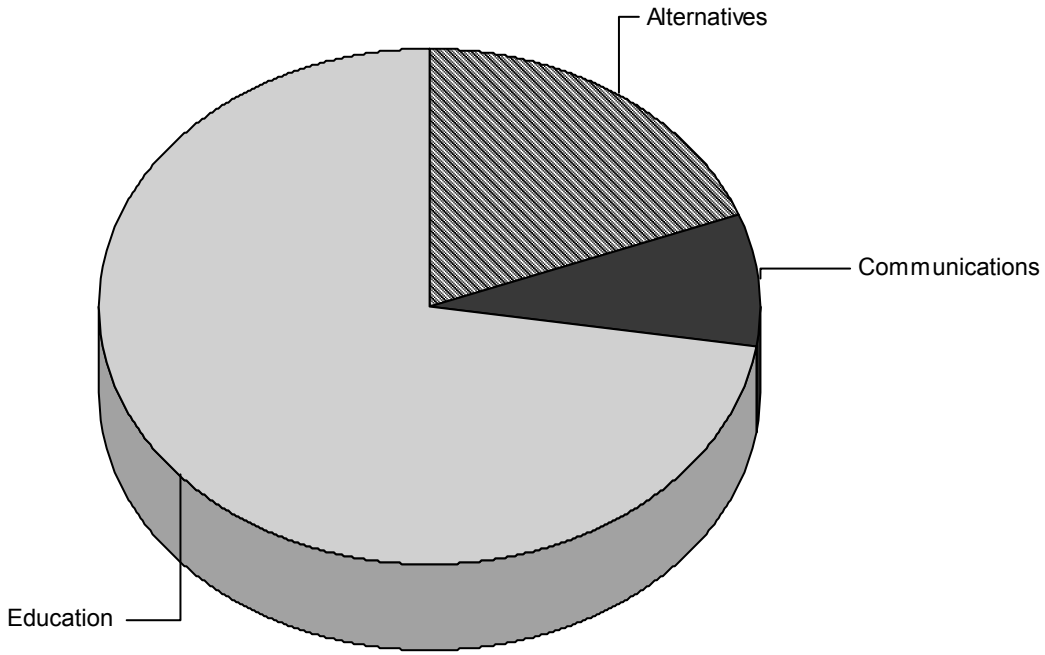
Grant Year: 2007 County: Hudson



Alternatives	17	22.1%
Collaboration	1	1.3%
Communications	15	19.5%
Early Intervention	2	2.6%
Education	42	54.5%
Total:	77	100.0%

Percentage of Programs by CSAP Strategy

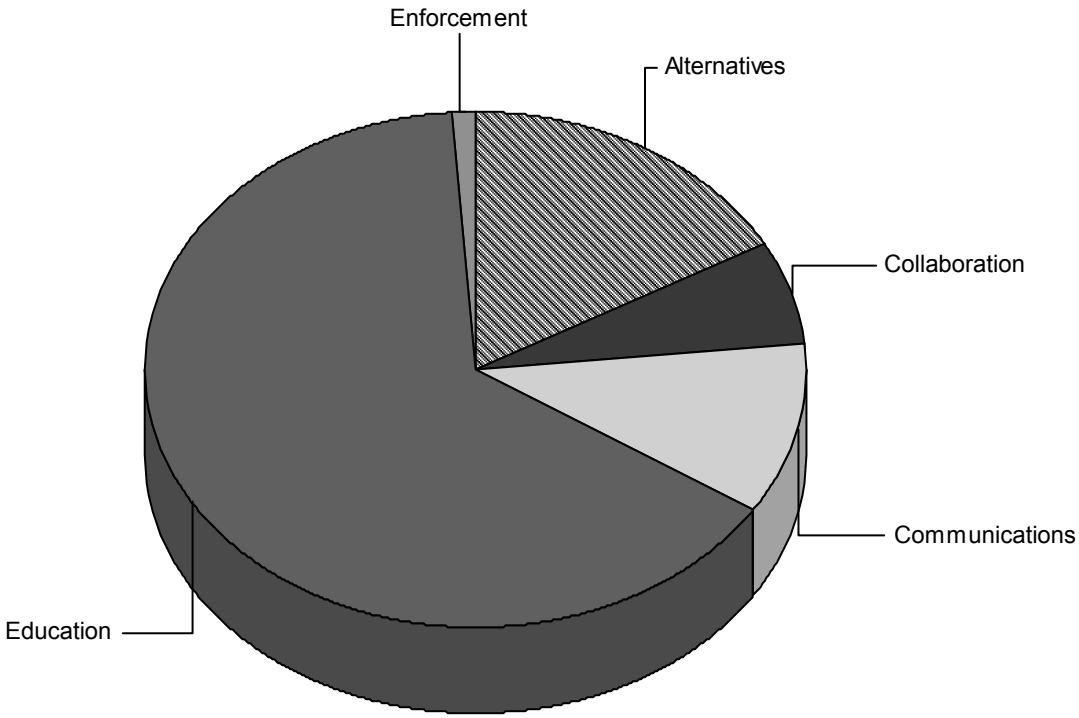
Grant Year: 2007 County: Hunterdon



Alternatives	14	19.2%
Communications	6	8.2%
Education	53	72.6%
Total:	73	100.0%

Percentage of Programs by CSAP Strategy

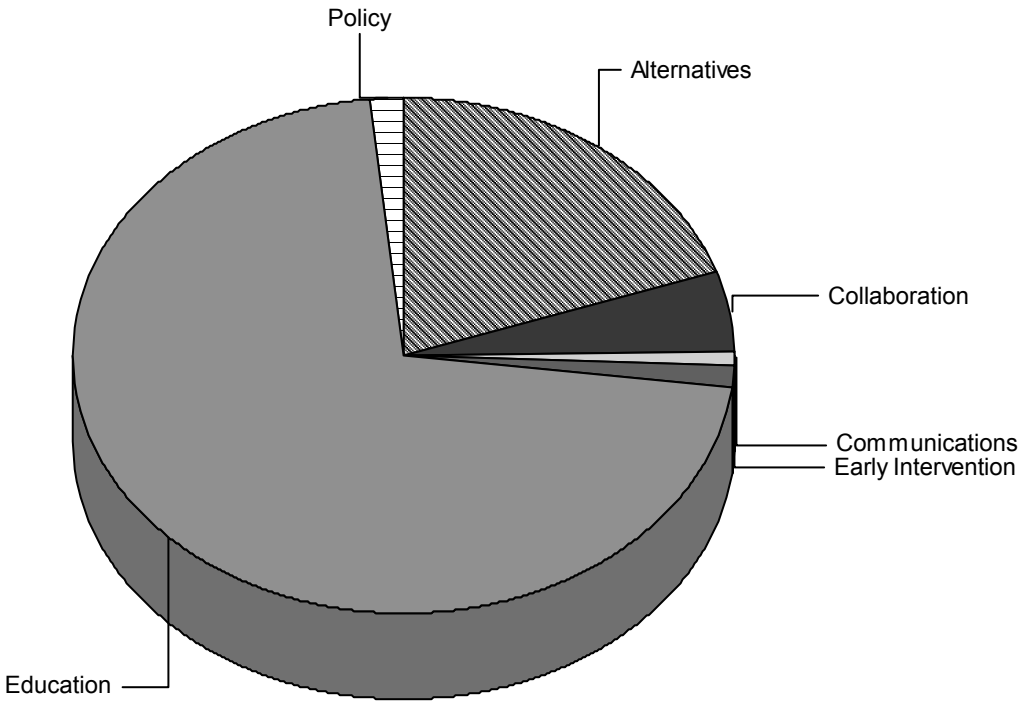
Grant Year: 2007 County: Mercer



Alternatives	16	17.0%
Collaboration	6	6.4%
Communications	10	10.6%
Education	61	64.9%
Enforcement	1	1.1%
Total:	94	100.0%

Percentage of Programs by CSAP Strategy

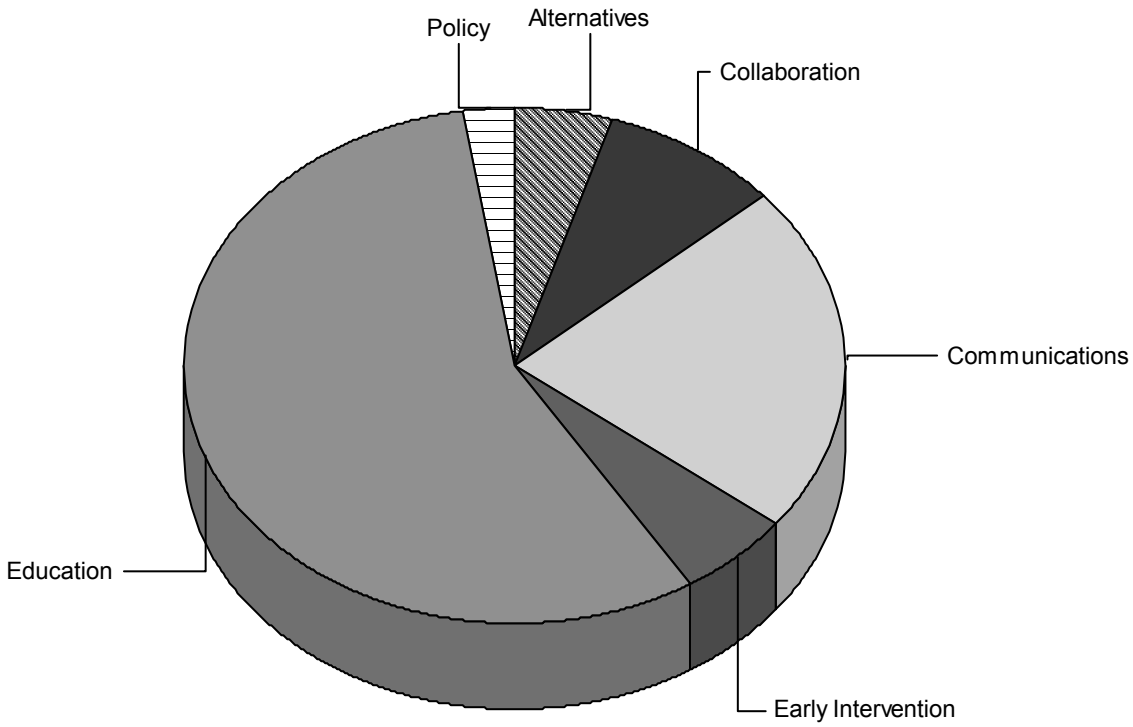
Grant Year: 2007 County: Middlesex



Alternatives	48	19.8%
Collaboration	12	5.0%
Communications	2	0.8%
Early Intervention	3	1.2%
Education	173	71.5%
Policy	4	1.7%
Total:	242	100.0%

Percentage of Programs by CSAP Strategy

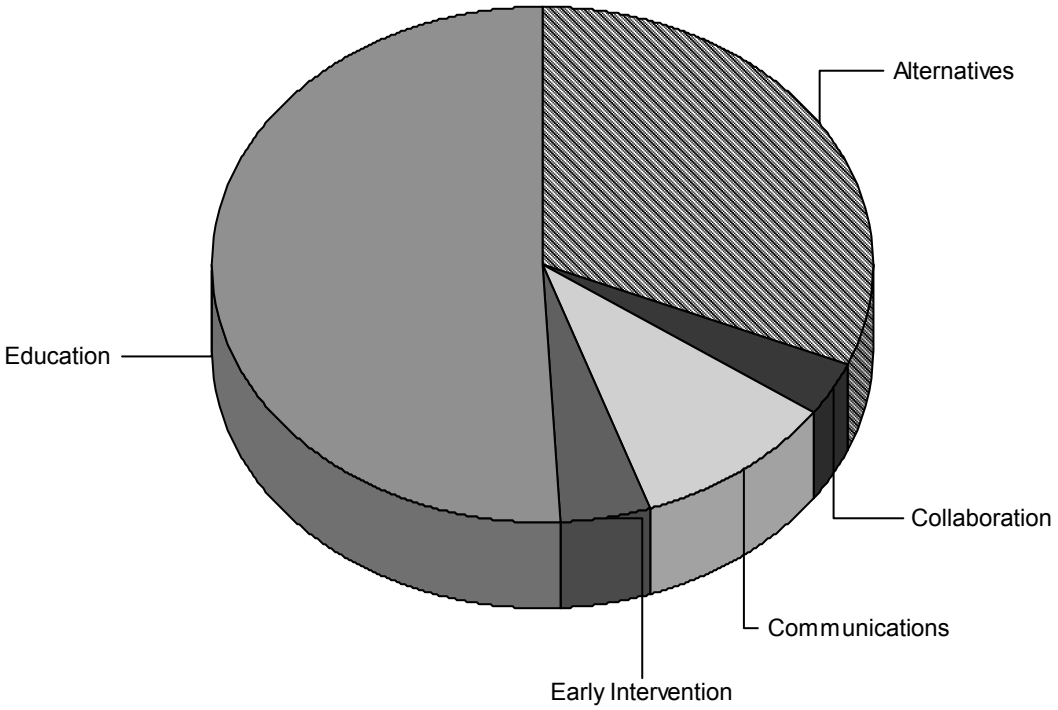
Grant Year: 2007 County: Monmouth



Alternatives	12	4.8%
Collaboration	22	8.9%
Communications	54	21.8%
Early Intervention	14	5.6%
Education	140	56.5%
Policy	6	2.4%
Total:	248	100.0%

Percentage of Programs by CSAP Strategy

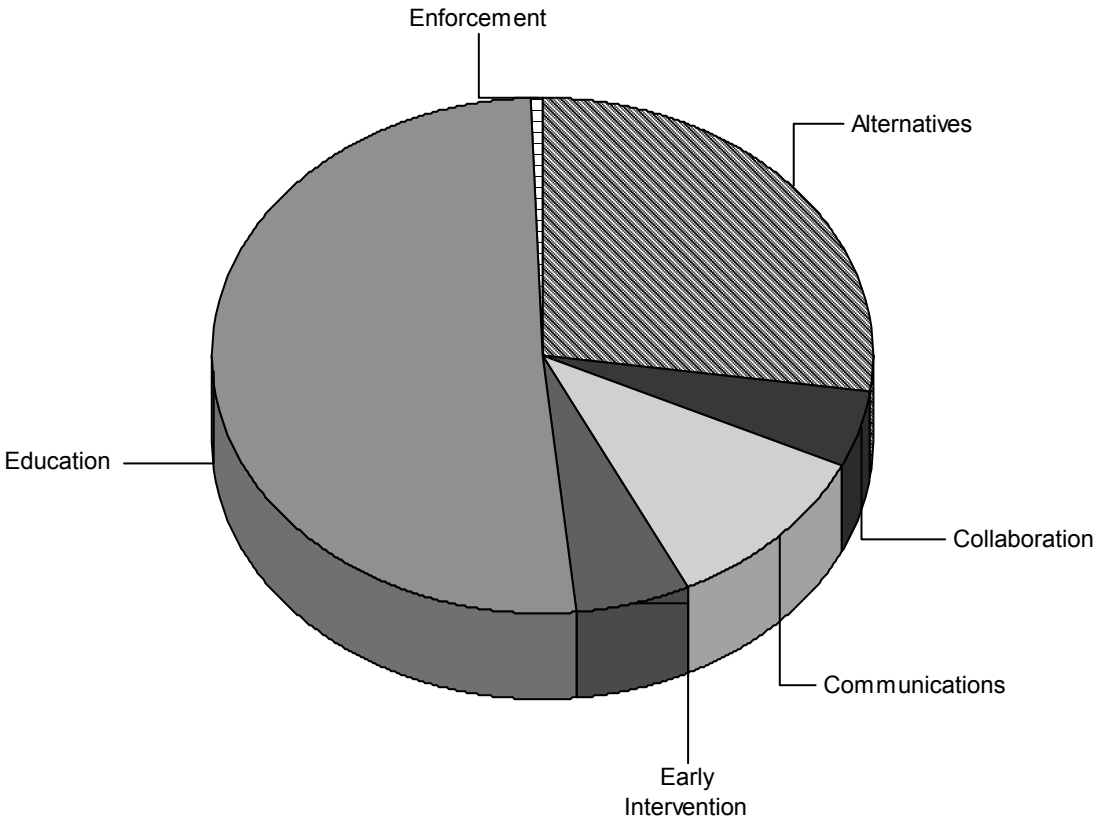
Grant Year: 2007 County: Morris



Alternatives	88	31.4%
Collaboration	9	3.2%
Communications	28	10.0%
Early Intervention	13	4.6%
Education	142	50.7%
Total:	280	100.0%

Percentage of Programs by CSAP Strategy

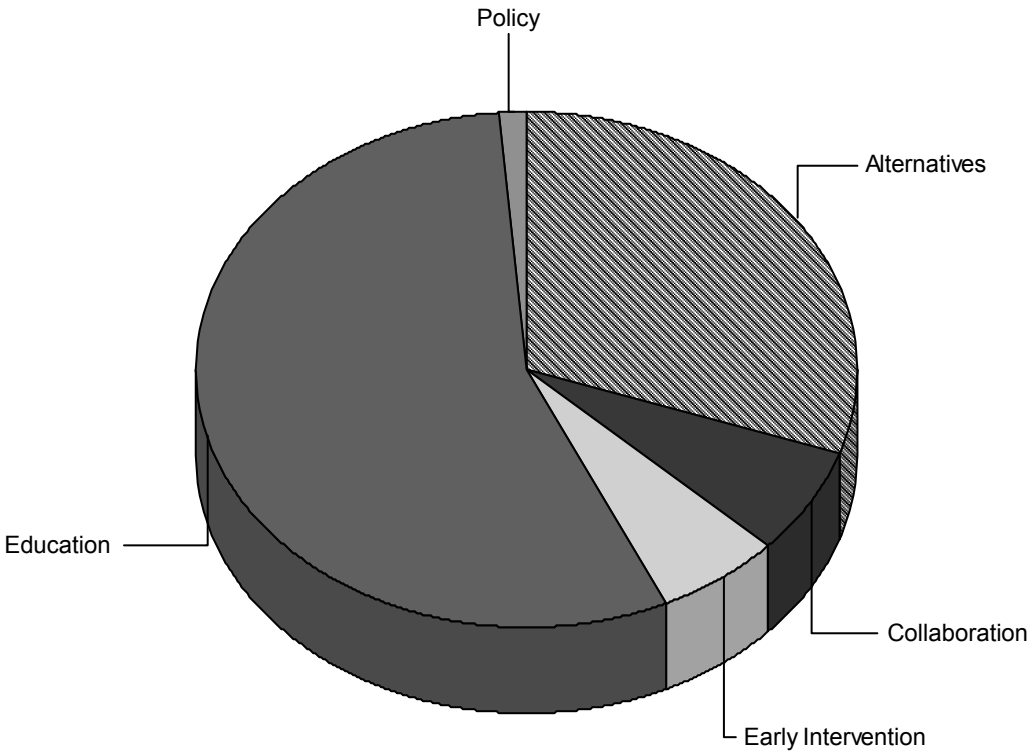
Grant Year: 2007 County: Ocean



Alternatives	61	27.1%
Collaboration	11	4.9%
Communications	24	10.7%
Early Intervention	13	5.8%
Education	115	51.1%
Enforcement	1	0.4%
Total:	225	100.0%

Percentage of Programs by CSAP Strategy

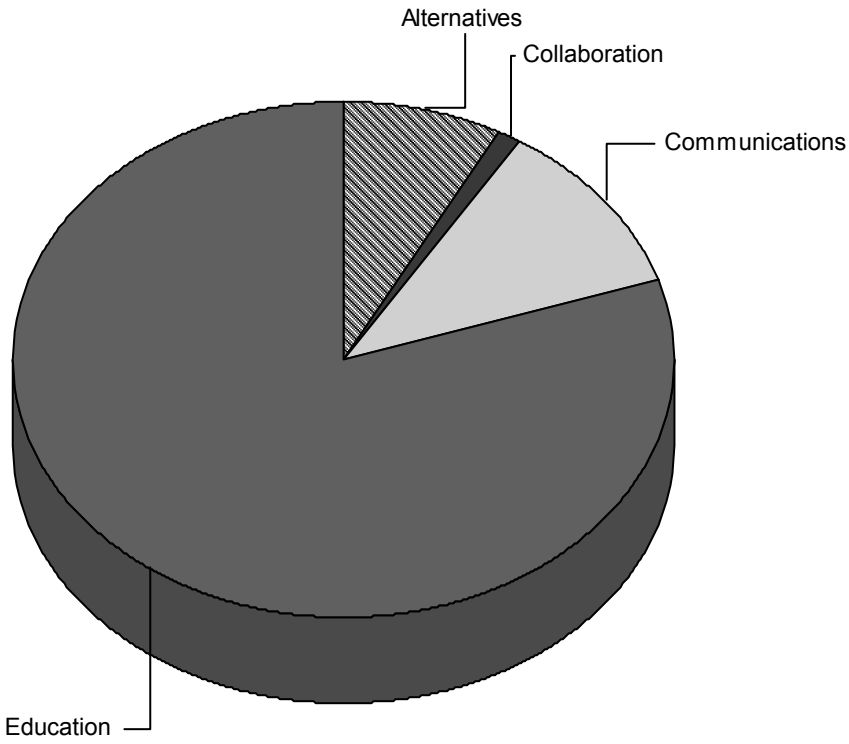
Grant Year: 2007 County: Passaic



Alternatives	45	30.2%
Collaboration	10	6.7%
Early Intervention	9	6.0%
Education	83	55.7%
Policy	2	1.3%
Total:	149	100.0%

Percentage of Programs by CSAP Strategy

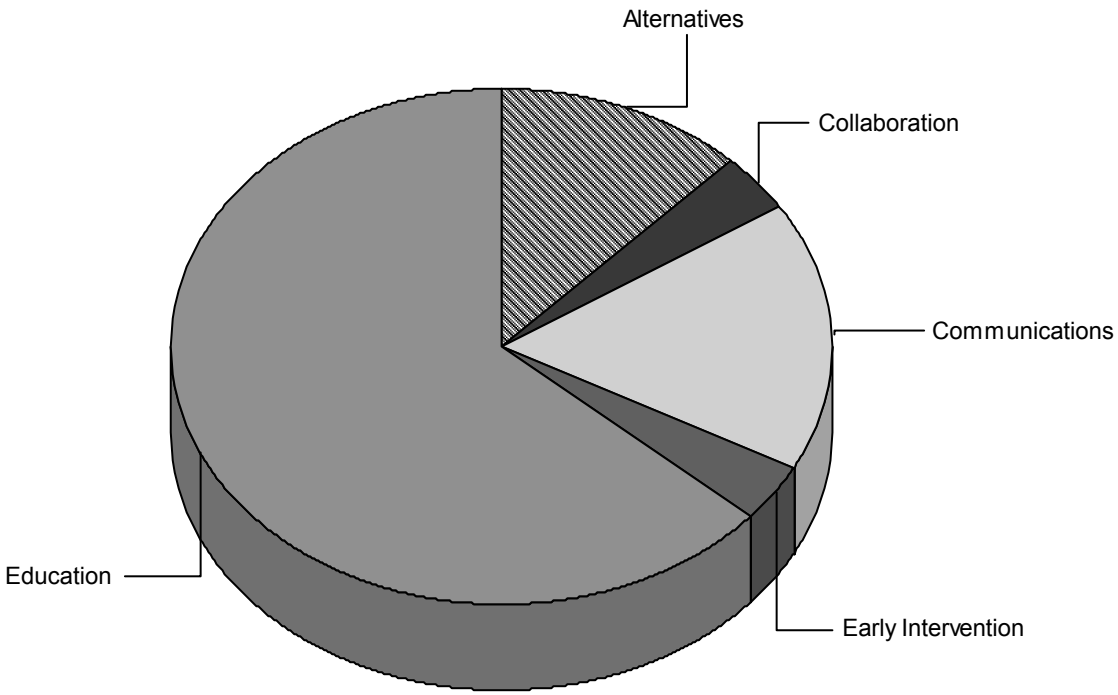
Grant Year: 2007 County: Salem



Alternatives	7	7.8%
Collaboration	1	1.1%
Communications	10	11.1%
Education	72	80.0%
Total:	90	100.0%

Percentage of Programs by CSAP Strategy

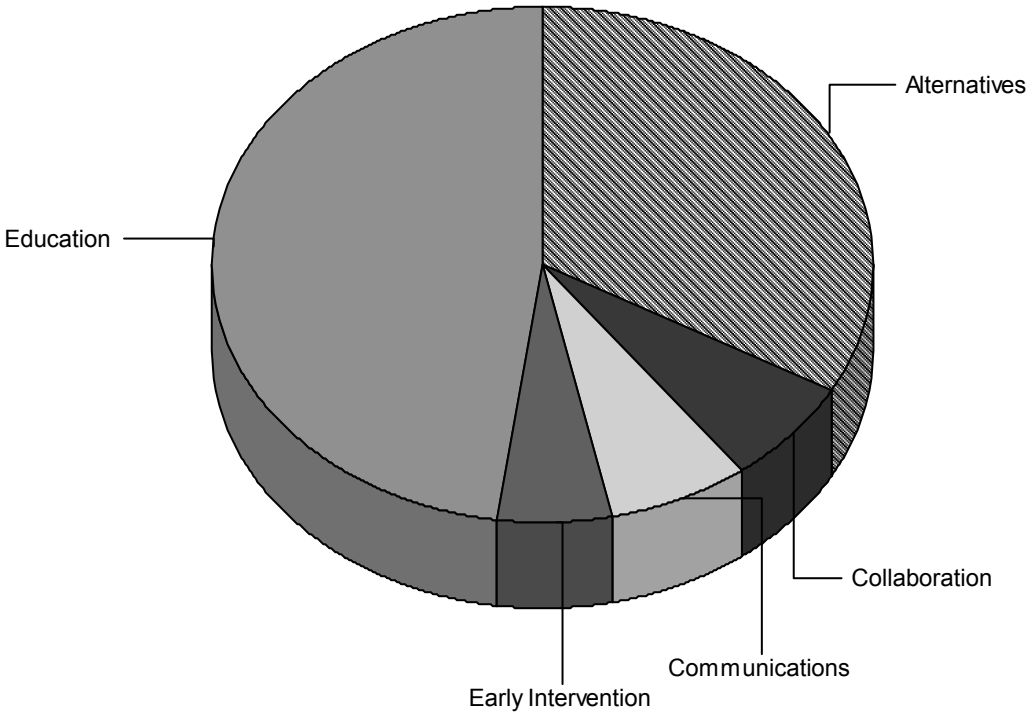
Grant Year: 2007 County: Somerset



Alternatives	13	12.1%
Collaboration	4	3.7%
Communications	18	16.8%
Early Intervention	4	3.7%
Education	68	63.6%
Total:	107	100.0%

Percentage of Programs by CSAP Strategy

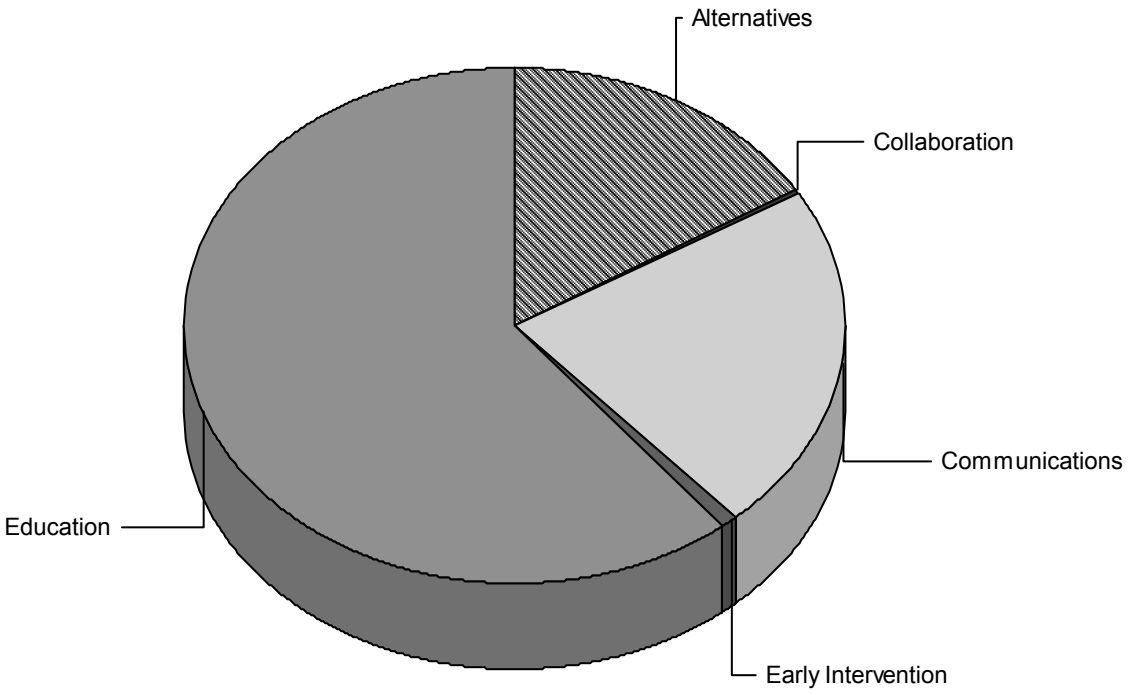
Grant Year: 2007 County: Sussex



Alternatives	29	33.0%
Collaboration	6	6.8%
Communications	6	6.8%
Early Intervention	5	5.7%
Education	42	47.7%
Total:	88	100.0%

Percentage of Programs by CSAP Strategy

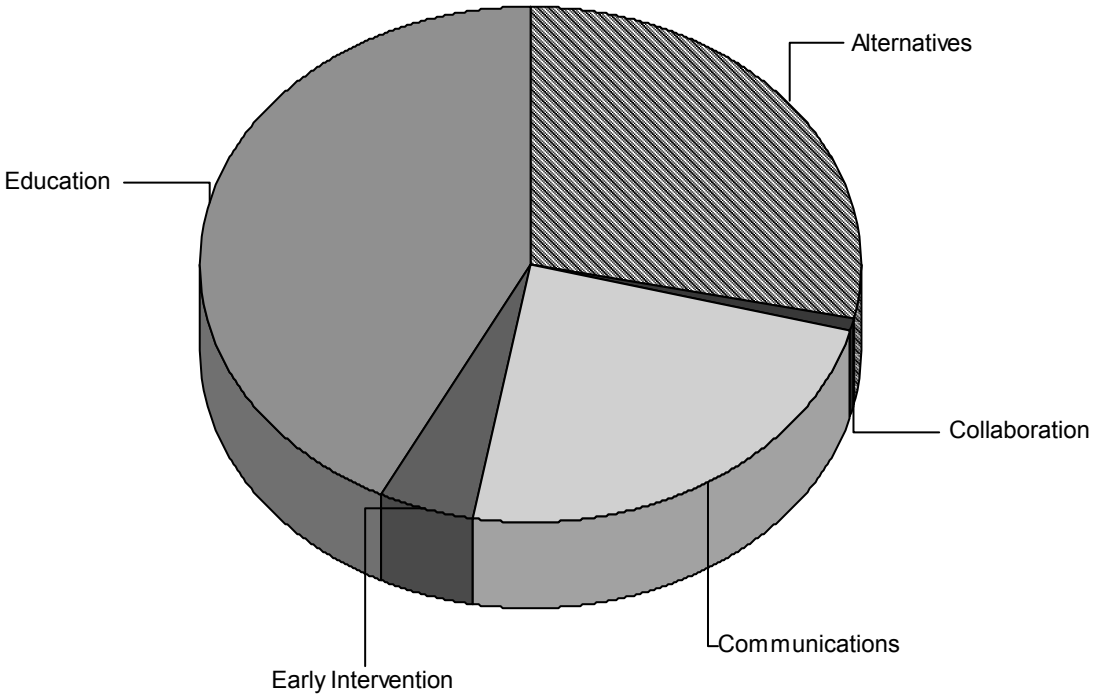
Grant Year: 2007 County: Union



Alternatives	34	16.0%
Collaboration	1	0.5%
Communications	46	21.7%
Early Intervention	2	0.9%
Education	129	60.8%
Total:	212	100.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2007 County: Warren



Alternatives	30	28.3%
Collaboration	1	0.9%
Communications	25	23.6%
Early Intervention	5	4.7%
Education	45	42.5%
Total:	106	100.0%